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Surveillance for Violent Deaths — National Violent Death Reporting System, 16 States, 2005

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
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Surveillance for Violent Deaths — National Violent Death Reporting System, 16 States, 2005

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Abstract

Problem/Condition: An estimated 50,000 persons die annually in the United States as a result of violence-related injuries. This report summarizes data from CDC's National Violent Death Reporting System (NVDRS) regarding violent deaths from 16 U.S. states for 2005. Results are reported by sex, age group, race/ethnicity, marital status, location of injury, method of injury, circumstances of injury, and other selected characteristics.

Reporting Period Covered: 2005.

Description of System: NVDRS collects data regarding violent deaths obtained from death certificates, coroner/medical examiner reports, and law enforcement reports. NVDRS began operation in 2003 with seven states (Alaska, Maryland, Massachusetts, New Jersey, Oregon, South Carolina, and Virginia) participating; six states (Colorado, Georgia, North Carolina, Oklahoma, Rhode Island, and Wisconsin) joined in 2004 and four (California, Kentucky, New Mexico, and Utah) in 2005, for a total of 17 states. This report includes data from 16 states; data from California are not included in this report because NVDRS has been implemented only in a limited number of California cities and counties rather than statewide as in other states.

Results: For 2005, a total of 15,495 fatal incidents involving 15,962 violent deaths occurred in the 16 NVDRS states included in this report. The majority (56.1%) of deaths were suicides, followed by homicides and deaths involving legal interventions (29.6%), violent deaths of undetermined intent (13.3%), and unintentional firearm deaths (0.7%). Fatal injury rates varied by sex, race/ethnicity, age group, and method of injury. Rates were substantially higher for males than for females and for American Indians/Alaska Natives (AI/ANs) and blacks than for whites and Hispanics. Rates were highest for persons aged 20–24 years. For method of injury, the three highest rates were reported for firearms, poisonings, and hanging/strangulation/suffocation.

Suicides occurred at higher rates among males, AI/ANs, whites, and older persons and most often involved the use of firearms in the home. Suicides were precipitated primarily by mental illness, intimate partner or physical health problems, or a crisis during the previous 2 weeks. Homicides occurred at higher rates among males and young adult blacks and most often involved the use of firearms in the home or on a street/highway. Homicides were precipitated primarily by an argument over something other than money or property or in conjunction with another crime. Similar variation was reported among the other manners of death and special situations or populations highlighted in this report.

Interpretation: This report provides the first detailed summary of data concerning violent deaths collected by NVDRS. The results indicate that deaths resulting from self-inflicted or interpersonal violence occur to a varying extent among males and females of every age group and racial/ethnic population. Key factors affecting rates of violent fatal injuries include sex, age group, method of injury, location of injury, and precipitating circumstances (e.g., mental health and substance abuse). Because additional information might be reported subsequently as participating states update their findings, the data provided in this report are preliminary.

Public Health Action: Accurate, timely, and comprehensive surveillance data are necessary for the occurrence of violent deaths in the United States to be understood better and ultimately prevented. NVDRS data can be used to track the occurrence of violence-related fatal injuries and assist pub-

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lic health authorities in the development, implementation, and evaluation of programs and policies to reduce and prevent violent deaths and injuries at the national, state, and local levels. The continued development and expansion of NVDRS is essential to CDC's efforts to reduce the personal, familial, and societal costs of violence. Further efforts are needed to increase the number of states using NVDRS, with an ultimate goal of full national representation.

Introduction

An estimated 50,000 persons die annually in the United States as a result of violence-related injuries. Homicide is the second leading cause of death for persons aged 15–24 years, the third leading cause for persons aged 25–34 years, and the fourth for persons aged 1–14 years. Similarly, suicide is the second leading cause of death for persons aged 25–34 years and the third leading cause for persons aged 10–24 years (1).

Public health authorities require accurate, timely, and comprehensive surveillance data to better understand and ultimately prevent the occurrence of violent deaths in the United States. The collection of comprehensive risk and prevention data can help prevent violence because violence can be predicted through the analysis of risk and protective factors (2). CDC has collected data concerning school-associated violent deaths that have occurred since 1992 through the School-Associated Violent Death project (3). This project has provided data that are unavailable from either national mortality or law enforcement data sources. These data have helped CDC to monitor school-associated violent deaths and to understand better the associated health burden. CDC also has worked to improve data collection concerning fatalities associated with intimate partner violence, child abuse, and suicide (4,5).

In 1999, the Harvard Injury Control Center launched the National Violent Injury Statistics System (NVISS) to support local efforts to gather data concerning violent injuries and to build a model national reporting system (6). Members of the NVISS team worked with the Medical College of Wisconsin, state and local grantees, and others to design and pilot the NVISS reporting system. The model system extracted data from four major reporting sources: death certificates, coroner/medical examiner (CME) records, police reports, supplementary homicide reports (i.e., state and local crime reports submitted voluntarily to the FBI for statistical purposes), and crime laboratory data.

In May 2000, the Joyce Foundation and the Harvard School of Public Health jointly sponsored an expert panel meeting to further define the scope, structure, and goals of a new reporting system that would assist in reducing and preventing violent deaths in the United States through the provision of accurate, timely, and comprehensive surveillance data. The goals of this new system would be to

- collect and analyze timely, high-quality data that monitor the magnitude and characteristics of violent death at the national, state, and local levels;
- ensure that violent death data are disseminated routinely and expeditiously to public health officials, law enforcement officials, policy makers, and the public;
- ensure that data are used to develop, implement, and evaluate programs and policies that are intended to reduce and prevent violent deaths and injuries at the national, state, and local levels;
- build and strengthen partnerships among organizations and communities at the national, state, and local levels to ensure that data are collected and used to reduce and prevent violent deaths and injuries; and
- include all 50 states, the District of Columbia, and U.S. territories.

In 2000, CDC started planning for the implementation of the National Violent Death Reporting System (NVDRS) (7). In 2002, Congress appropriated funds for the development of this system. NVDRS was conceived as a state-based active surveillance system that collects risk factor data concerning all violence-related deaths, including homicides, suicides, unintentional deaths caused by firearms, legal intervention deaths (i.e., deaths caused by police and other persons with legal authority to use deadly force), and deaths of undetermined intent. NVDRS data are used to assist the development, implementation, and evaluation of programs and policies designed to reduce and prevent violent deaths and injuries at the national, state, and local levels.

Before implementation of NVDRS, single data sources (e.g., death certificates or supplemental homicide reports) provided only limited information and few circumstances from which to understand the etiology of violent death. NVDRS fills this gap in national surveillance; it is the first system to link multiple source documents to enable researchers to understand each violent death better and the first to link multiple violent deaths that are related to one another (e.g., multiple homicides, suicide pacts, and cases of homicide followed by the suicide of the perpetrator) consistently.

NVDRS began operation in 2003 with seven states (Alaska, Maryland, Massachusetts, New Jersey, Oregon, South Carolina, and Virginia) participating; six states (Colorado, Georgia, North Carolina, Oklahoma, Rhode Island, and Wisconsin) joined in 2004 and four more (California, Kentucky, New

Mexico, and Utah) in 2005, for a total of 17 states (Figure). Funding for state participation is provided by CDC. CDC anticipates that NVDRS will expand to include all 50 states, the District of Columbia, and U.S. territories.

This report summarizes data for 2005 regarding violent deaths from 16 states that collected statewide data. Data from California are not included in this report because NVDRS has not been implemented statewide in California as it has in the other 16 states providing data. Because additional information might be reported subsequently as participating states update their findings, the data provided in this report are preliminary.

Methods

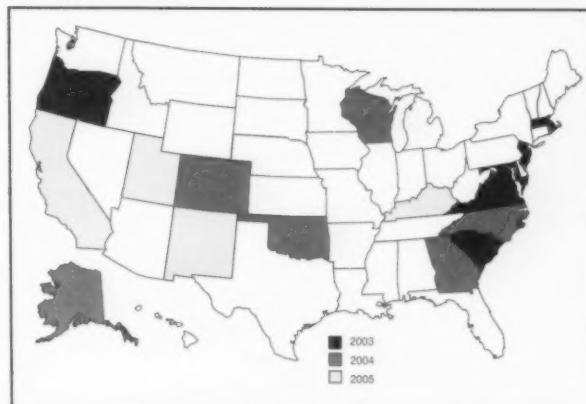
NVDRS uses multiple, complementary data sources, including death certificates, CME records, and PRs. Secondary sources used by certain participating states include child fatality review team data, supplementary homicide reports, hospital data, crime lab data, and Bureau of Alcohol, Tobacco, Firearms, and Explosives trace information regarding firearms. NVDRS can link together multiple documents for each violent death and also link multiple deaths that are related to each other (e.g., multiple homicides, homicide followed by suicide, or multiple suicides) into a single incident. The ability to analyze data linked in this way allows for a comprehensive assessment of risk and protective factors for violent death.

NVDRS defines a violent death as a death resulting from either the intentional use of physical force or power against oneself, another person, or a group or community, or the unintentional use of a firearm. NVDRS case definitions are coded on the basis of the *International Classification of Diseases, Tenth Revision* (ICD-10) (8). Cases with selected ICD-10 codes are included in NVDRS (Box 1). ICD-10 case finding is completed by participating states.

Variables analyzed in NVDRS include the following:

- manner of death (i.e., the intent of the person inflicting a fatal injury);

FIGURE. States participating in the National Violent Deaths Reporting System, by year of initial data collection — United States, 2003–2005



- method of injury (i.e., the weapon used to inflict a fatal injury);
- circumstances preceding injury (i.e., the precipitating events that led to the infliction of a fatal injury);
- whether the decedent was a victim (i.e., a person who died as a result of a violence-related injury);
- whether the decedent was a suspect (i.e., a person believed to have inflicted a fatal injury on a victim);
- whether the decedent was both a suspect and a victim (i.e., a person believed to have inflicted a fatal injury on a victim who then fatally injured himself or herself);
- incident (i.e., an occurrence in which one or more persons sustained a fatal injury that was linked to a common event during a 24-hour period); and
- type of incident (i.e., a combination of the manner of death and the number of victims in an incident).

NVDRS is incident-based, and all decedents (both victims and alleged perpetrators [suspects]) associated with a given incident are grouped in one record. Decisions about whether two or more deaths belong to the same incident are made on

BOX 1. *International Classification of Diseases, Tenth Revision* (ICD-10) codes used in the National Violent Death Reporting System

Manner of death	Death ≤ 1 year after injury	Death > 1 year after injury
Intentional self-harm (suicide)	X60–X84	Y87.0
Assault (homicide)	X85–X99, Y00–Y09	Y87.1
Event of undetermined intent	Y10–Y34	Y87.2, Y89.9
Unintentional exposure to inanimate mechanical forces (firearms)	W32–W34	Y86 determined to be attributable to firearms
Legal intervention, excluding executions, Y35.5	Y35.0–Y35.4, Y35.6–Y35.7	Y89.0
Terrorism	U01, U03	U02

the basis of the timing of the injuries rather than on that of the deaths. Examples of a violent death incident include 1) a single isolated violent death, 2) two or more related homicides (including legal interventions) when the fatal injuries were inflicted <24 hours apart, 3) two or more related suicides or undetermined manner deaths when the fatal injuries were inflicted <24 hours apart, and 4) a homicide followed by a related suicide when both fatal injuries were inflicted <24 hours apart.

Data are obtained from individual information sources and entered into source-specific computerized data entry screens (i.e., police report data are entered into police report screens and death certificate data into death certificate screens). In addition to allowing independent entry for each source, this approach permits later review of what each source contributed and identification of missing sources. This allows for comparisons of the quality and completeness of state-specific data sources and allows states to provide feedback to sources regarding the consistency of their data compared with data from other sources. In addition, the system permits automatic electronic importation of specific data sources without requiring manual entry.

Abstraction of identical variables across multiple source documents can result in data inconsistencies. NVDRS resolves these inconsistencies by assigning a primacy, or hierarchical rule, for each variable. The primacy rules are applied to create a final analysis data set that uses data from all available sources. For each variable in NVDRS, primacy is established on the basis of a hierarchy of assumed reliability of all the possible sources for a given variable. For example, sex is collected from three source documents (death certificate, CME record, and police report). The primacy rule for sex is expressed as death certificate/CME record/police report, meaning the analysis file is constructed using the sex recorded in the death certificate; if this is left blank or is unknown, the sex recorded in the CME record is used; and, if the CME record does not provide the sex or lists the sex as unknown, the police report is used.

Manner of Death

A manner (i.e., intent) of death for each decedent is assigned by a trained abstractor who takes into account information from all source documents. Typically, these documents are consistent regarding the manner of death, and the abstractor-assigned manner of death corresponds to that reported in all the source documents. On rare occasions, when a discrepancy exists among the source documents, the abstractor must assign a manner of death on the basis of the preponderance of evidence in the source documents. For example, if

two sources classify a death as a suicide and a third classifies it as undetermined, the death will be coded as a suicide.

NVDRS classifies data using one of five abstractor-assigned manners of death:

- **Suicide.** Suicide is defined as a death resulting from the use of force against oneself when a preponderance of the evidence indicates that the use of force was intentional. This category includes deaths of persons who intended only to injure rather than kill themselves, cases of so-called "Russian roulette," and suicides involving only passive assistance to the decedent (e.g., supplying the means or information needed to complete the act). The category does not include deaths caused by chronic or acute substance abuse without the intent to die or deaths attributed to autoerotic behavior (e.g., self-strangulation during sexual activity). Corresponding ICD-10 codes included in NVDRS are X60–X84 and Y87.0.
- **Homicide.** Homicide is defined as a death resulting from the use of force or power, threatened or actual, against another person, group, or community when a preponderance of evidence indicates that the use of force was intentional. Two special scenarios that the National Center for Health Statistics (NCHS) regards as homicides are included in the NVDRS definition: 1) arson with no intent to injure a person and 2) a stabbing with intent unspecified. This category excludes vehicular homicide without intent to injure, unintentional firearm deaths (a separate category listed below), combat deaths or acts of war, and deaths of unborn fetuses. Corresponding ICD-10 codes included in NVDRS are X85–X99, Y00–Y09, and Y87.1.
- **Unintentional firearm.** The term "unintentional firearm" is used when a death results from a penetrating injury or gunshot wound from a weapon that uses a powder charge to fire a projectile and for which a preponderance of evidence indicates that the shooting was not directed intentionally at the decedent. This category includes celebratory firing that was not intended to frighten, control, or harm anyone; a soldier who was shot during a field exercise but not in a combat situation; and a person who received a self-inflicted wound while playing with a firearm. This category excludes firearm injuries caused by unintentionally striking a person with the firearm (e.g., hitting a person on the head with the firearm rather than firing a projectile) and unintentional injuries from nonpowder guns (e.g., BB, pellet, or other compressed air- or gas-powered guns). Corresponding ICD-10 codes included in NVDRS are W32–W34 and Y86 with a method of firearm.

- **Undetermined intent.** The term "undetermined intent" is used when a death results from the use of force or power against oneself or another person for which the evidence indicating one manner of death is no more compelling than evidence indicating another. This category includes CME rulings such as "accident or suicide," "undetermined," "jumped or fell," and self-inflicted injuries when records give no evidence or opinions in favor of either unintentional or intentional injury. Corresponding ICD-10 codes included in NVDRS are Y10–Y34, Y87.2, and Y89.9.
- **Legal intervention.** The term "legal intervention" is used when a decedent is killed by a police officer or other peace officer (a person with specified legal authority to use deadly force), including military police, acting in the line of duty. This category excludes legal executions. Corresponding ICD-10 codes included in NVDRS are Y35.0–Y35.4, Y35.6, Y35.7, and Y89.0.

Variables Analyzed

NVDRS can analyze approximately 250 unique variables (available at <http://www.cdc.gov/ncipc/profiles/nvdrs/default.htm>); the number of variables recorded for each incident depends on the content and completeness of the source documents. Variables include manner of death, demographics, ICD-10 and underlying cause-of-deaths codes and text, location and date/time of injury and death, toxicology results, bodily injuries, precipitating circumstances, decedent-suspect relationship, and method of injury (Boxes 2 and 3).

Circumstances Preceding Death

The circumstances preceding death are defined as the precipitating events that led to the infliction of a fatal injury (Box 3). The circumstances that preceded a fatal injury are reported on the basis of the content of CME and police reports. Different sets of circumstances are coded for suicide/undetermined deaths, homicide/legal intervention deaths, and unintentional firearm deaths. The variable "circumstances known" is a gateway variable to a list of potential circumstances. Each incident requires the data abstractor to code all circumstances in cases for which the circumstances are known. If circumstances are not known (e.g., for a body found in the woods with no other detail), the data abstractor leaves the gateway variable blank, and these cases are excluded from the denominator for circumstance values. If either the CME record or the police report indicates that the circumstance is reported to be true, then the abstractor enters data as confirmed (e.g., if the police report indicated that a decedent had disclosed an intent to commit suicide, then suicidal intent is accepted to be true).

BOX 2. Methods of injury — National Violent Death Reporting System, 16 states, 2005

- Firearm: method that uses a powder charge to fire a projectile.
- Sharp instrument: knife, razor, machete, pointed instrument (e.g., chisel or broken glass).
- Blunt instrument: club, bat, rock, or brick.
- Poisoning: street drug, alcohol, pharmaceutical, carbon monoxide, gas, rat poison, or insecticide.
- Hanging/strangulation/suffocation: hanging by the neck, manual strangulation, or plastic bag over the head.
- Personal weapons: hands, fists, or feet.
- Fall: being pushed or jumping.
- Drowning: inhalation of liquid in bathtub, lake, or other source of water/liquid.
- Fire/burn: inhalation of smoke or the direct effects of fire or chemical burns.
- Shaking: shaking a baby, child, or adult.
- Motor vehicle: car, bus, or motorcycle.
- Other transport vehicle: train or airplane.
- Intentional neglect: starvation, lack of adequate supervision, or withholding of health care.
- Other: any method other than those listed above.
- Unknown: method not reported or not known.

Coding Training and Quality Control

Coding training is held annually for all participating states. Ongoing coding support is provided through an e-mail help desk, monthly conference calls with all states, and regular conference calls with individual states. A coding manual is provided. Software features enhance coding reliability, including automated validation rules and a hover-over feature containing variable-specific information. Details regarding NVDRS procedures and coding are available at <http://www.cdc.gov/ncipc/profiles/nvdrs/publications.htm>.

States are responsible for performing blind reabstraction of cases using multiple abstractors to identify inconsistencies. CDC also conducts a quality control analysis in which multiple variables are reviewed for the appropriateness with special focus on abstractor assigned variables such as weapon selection and manner of death. If CDC questions any variable, CDC notifies the state and asks for a response or correction.

Time Frame

States are required to report all deaths within 6 months of the end of each calendar year for the previous January–December time frame. States then have an additional 12

BOX 3. Circumstances preceding fatal injury, by manner of death — National Violent Death Reporting System, 16 states, 2005**Suicide/Undetermined Death**

- Current depressed mood: decedent was perceived by self or others to be depressed.
- Current mental health problem: decedent has been identified as having a mental health disorder or syndrome listed in the Diagnostic And Statistical Manual, Version IV (DSM-IV).
- First/second type of mental illness diagnosis: identifies the DSM-IV diagnosis made by a medical or mental health practitioner.
- Current treatment for mental illness: decedent was currently receiving mental health treatment as evidenced by a current psychotropic medication or visit to a mental health professional in the previous 2 months.
- Alcohol/other substance problem: decedent was perceived by self or others to have a problem with, or to be addicted to, alcohol or other drugs.
- Person left a suicide note: decedent left a note, e-mail message, video, or other written communication indicating an intent to die by suicide.
- Disclosed intent to die by suicide: decedent had previously expressed suicidal feelings to another person with time for that person to intervene; disclosure only at the time of the event, with no opportunity to intervene, is not coded as "disclosed intent to commit suicide."
- History of suicide attempts: decedent was known to have made previous attempts, regardless of the severity of those attempts.
- Crisis during previous 2 weeks: a very current crisis or acute precipitating event appears to have contributed to the suicide. This is designed to measure impulsivity. The crisis event must have occurred in the previous 2 weeks or be impending in the following 2 weeks (e.g., a trial for a criminal offense begins the following week).
- Physical health problem: decedent was experiencing physical health problems that are believed to have contributed to the suicide (e.g., a recent cancer diagnosis or chronic pain).
- Intimate partner problem: problems with a current or former intimate partner that appear to have contributed to the suicide.
- Other relationship problem: problems with a family member, friend, or associate (other than an intimate partner) that appear to have contributed to the suicide.
- Job problem: decedent was either experiencing a problem at work or was having a problem with joblessness.
- School problem: decedent was experiencing a problem such as poor grades, bullying, social exclusion at school, or performance pressures.

- Financial problem: decedent was experiencing problems such as bankruptcy, overwhelming debt, or foreclosure of a home or business.
- Suicide of friend or family in previous 5 years: decedent was distraught over, or reacting to, a relatively recent suicide of a friend or family member.
- Other death of friend or family in previous 5 years: decedent was distraught over, or reacting to, a relatively recent nonsuicide death of a friend or family member.
- Recent criminal legal problem: decedent was facing criminal legal problems that appear to be associated with the suicide.
- Other legal problem: decedent was facing civil legal problems (e.g., a child custody or civil lawsuit).
- Perpetrator of interpersonal violence in previous month: decedent perpetrated interpersonal violence (e.g., being sought by police for assault or having been issued a restraining order resulting from recent violence) during the previous month.
- Victim of interpersonal violence in previous month: decedent was the target of interpersonal violence in the past month.

Homicide/Legal Intervention

- Precipitated by another crime: incident occurred as the result of another serious crime.
- Nature of crime: identifies the actual crime (i.e., robbery, and drug trafficking).
- Crime in progress: crime was in progress at the time of the death.
- Argument over money/property: conflict between decedent and suspect was over money, property or drugs.
- Other argument, abuse, conflict: conflict between decedent and suspect was over something other than money, property, or drugs.
- Jealousy ("lover's triangle"): jealousy or distress over an intimate partner's relationship or suspected relationship with another person led to the homicide.
- Intimate partner violence-related: homicide is related to conflict between current or former intimate partners; includes the death of actual intimate partners and nonintimate partner decedents killed to cause pain to an intimate partner (e.g., child or parent).
- Drug involvement: drug dealing or illegal drug use is suspected to have played a role in precipitating the homicide.
- Gang-related: homicide is suspected to have resulted from gang activity or gang rivalry; not used if the decedent was a gang member but the homicide did not appear to result from gang activity.

BOX 3. (Continued) Circumstances preceding fatal injury, by manner of death — National Violent Death Reporting System, 16 states, 2005

- Hate crime: decedent was intentionally selected because of his/her actual or perceived race, gender, religion, sexual orientation, race/ethnicity, or disability.
- Brawl: mutual physical fight involving three or more persons.
- Decedent was a bystander: decedent was not directly involved in the incident.
- Decedent was a police officer on duty: a law enforcement officer killed in the line of duty.
- Decedent was an intervener assisting a crime victim: decedent was attempting to assist a crime victim at the time of the incident (e.g., a child attempts to intervene and is killed while trying to assist a parent who is being assaulted).
- Mercy killing: the decedent wished to die because of terminal or hopeless disease or condition, and documentation indicates that the decedent wanted to be killed.

Unintentional Firearm Death

- Hunting: death occurred anytime after leaving home for a hunting trip and before returning home from a hunting trip; the shooting need not have been during an active hunt to be coded.
- Target shooting: a shooter was aiming for a target and unintentionally hit a person; can be at a shooting range or an informal backyard setting.
- Self-defensive shooting: self-inflicted shooting in which the decedent was attempting to use a gun in self-defense.
- Celebratory firing: shooter fired the gun upward in a celebratory manner with no intention of threatening or endangering others.

- Loading/unloading gun: firearm discharged when the shooter was loading/unloading ammunition.
- Cleaning gun: firearm discharged when the shooter was cleaning the gun.
- Showing gun to others: showing the gun to another person when the gun discharged or the trigger was pulled.
- Playing with gun: the shooter and one or more others were playing with a gun.
- Thought safety was engaged: shooter thought the gun was inoperable because the safety was engaged.
- Thought unloaded/magazine disengaged: shooter thought the gun was unloaded because the magazine was disengaged.
- Thought gun was unloaded/other: shooter thought the gun was unloaded for other unspecified reason.
- Unintentionally pulled trigger: shooter unintentionally pulled the trigger (e.g., while grabbing the gun or holding it too tightly).
- Bullet ricochet: bullet ricocheted from its intended target and unintentionally struck the decedent.
- Gun defect or malfunction: gun had a defect or malfunctioned as determined by a trained firearm examiner.
- Fired while holstering/unholstering: gun was being replaced or removed from holster/clothing.
- Dropped gun: gun discharged when it was dropped or when something was dropped on it.
- Fired while operating safety/lock: shooter unintentionally fired the gun while operating the safety lock.
- Gun mistaken for toy: gun was mistaken for a toy and was fired without the user understanding the danger.

months to complete each incident record. Although states typically meet these timelines, additional details sometimes arrive after a deadline has passed. New incidents also might be identified after the deadline (i.e., if a death certificate is revised, new evidence is obtained that changes a manner of death, or a miscoded ICD-10 is corrected to meet NVDRS inclusion criteria). These additional data are incorporated into NVDRS. Analysis files are updated monthly at CDC. On the basis of previous experience, CDC estimates that case counts might increase 1%–2% after the first year of data collection.

Fatal Violent Injuries During 2005

This report provides preliminary data on fatal violent injuries for 2005 for 16 participating states that were received by

CDC as of June 30, 2007. Data from California were not included in this report because NVDRS was not implemented statewide, only in a limited number of cities and counties. Participating states used vital statistics death certificate files to identify violent deaths meeting NVDRS case definitions. Each state reported all violent deaths during 2005 that occurred within the state and deaths of state residents that occurred elsewhere. Once a death was identified, NVDRS data abstractors linked source documents, linked violent deaths within each incident, coded data elements, and wrote a short narrative of the incident. These narratives were reviewed for all incidents in which coded data were unclear or incomplete. State-level data then were consolidated and analyzed for this aggregate report. Numbers, percentages, and crude rates are presented in aggregate for all violent deaths by abstractor-

assigned manner of death and for special situations and populations (e.g., homicide followed by suicide, suicides of former or current military personnel, and intimate-partner-related homicides). Rates for cells with a frequency of <20 are not reported because of the instability of those rates. In addition, rates could not be calculated for variables such as marital status and precipitating circumstances because denominators were unknown. Bridged-race 2005 population estimates were used as denominators in the rate calculations (9). For compatible numerators for rate calculations to be derived, person records listing multiple races were recoded to a single race when possible, using a bridging algorithm provided by NCHS (available at <http://www.cdc.gov/nchs/about/major/dvs/popbridge/popbridge.htm>).

Results

All Violent Deaths

Violent Deaths by Sex, Race/Ethnicity, Age Group, and Marital Status

The 16 NVDRS states included in this report collected data about 15,495 violent death incidents that occurred during 2005 (Table 1). The crude rate of violent death was 19.9 deaths per 100,000 population; the rate for males was approximately 3.4 times that for females (Table 2). Although the largest number of decedents were white, American Indians/Alaskan Natives (AI/ANs) and blacks had the highest rates of violent death (31.4 and 28.0 per 100,000 population, respectively). Persons aged 20–24 years and those aged 25–54 years had the highest rates of violent death (32.7 and 28.7 per 100,000 population, respectively). Rates of violent death among children aged <1 year and among persons aged ≥85 years were 24.2 and 19.4 per 100,000 population, respectively. Persons aged 1–14 years had the lowest rates (Table 2). Males aged ≥15 years in all age groups had rates that were two to seven times higher than rates for females (Table 2). Black and AI/AN males had the highest rate of violent fatal injuries (48.1 and 47.9 per 100,000 population, respectively). Among women, AI/AN females had the highest rate of deaths (15.2 per 100,000 population) (Table 2).

Manner, Method, and Location of Injury

Suicides accounted for the highest rate of violent death (11.5 per 100,000 population), followed by homicide/legal intervention deaths (6.1 per 100,000 population) (Table 1). Deaths of undetermined intent and unintentional firearm deaths occurred at lower rates (2.7 and 0.1 per 100,000 population, respectively). Of all violent deaths that occurred in 2005 in

the 16 states, 48.9% were committed with firearms; poisoning accounted for 18.2% and hanging/strangulation/asphyxiation for 12.2% (rates: 10.0, 3.7, and 2.5 per 100,000 population, respectively); rates for other methods were lower (Table 1). Firearms were used in 55.0% of violent deaths of males (Table 3). The most common methods used in violent deaths of females were poisoning (32.9%) and firearms (29.2%). A residence (house or apartment) was the most common place of injury for both sexes, accounting for 62.0% of deaths of males and 76.3% of those of females (Table 3). The next-most-common location of injury was a street or highway, a motor vehicle, or a parking lot or public garage for males and a street or highway, natural area, or motor vehicle for females.

Toxicology Results of Decedent

Tests for alcohol were conducted for 76.2% of decedents, and drug tests for amphetamines, antidepressants, cocaine, marijuana, and opiates were conducted for 47.7%, 44.1%, 56.7%, 36.0%, and 54.9% of decedents, respectively (Table 4). Decedents who tested positive for alcohol showed a blood alcohol concentration (BAC) of >0.08 mg/dL (the legal limit in the majority of states) in 59.1% of cases. Opiates, including heroin and prescription pain killers, were identified in 23.8% of cases tested for these substances, antidepressants in 20.2%, cocaine in 15.4%, marijuana in 12.2%, and amphetamines in 5.5%.

Seasonality

Rates by month showed little variation throughout the year (range: 1.5–1.8 per 100,000 population) (Table 1).

Suicides

Sex, Race/Ethnicity, Age Group, and Marital Status

The 16 NVDRS states included in this report collected data about 8,937 fatal suicide incidents that occurred during 2005 (Table 5). Overall, the crude suicide rate was 11.5 per 100,000 population. The rate for males was nearly four times that for females (18.4 and 4.8 per 100,000 population, respectively) (Table 6). Although whites accounted for the largest number of suicide deaths, AI/ANs and whites had the highest rates of suicide (16.1 and 12.9 per 100,000 population, respectively). The highest rates of suicide by age group occurred among persons aged 75–84 years and those aged 45–54 years (17.0 and 16.9 per 100,000 population, respectively). The rate for those aged ≥85 years was slightly lower (15.6). Children aged 10–14 years had the lowest rates of suicide among all age groups (1.5 per 100,000 population). Rates of suicide among

adolescents aged 15–19 years (7.6 per 100,000 population) were approximately half those for persons aged >19 years.

Males aged 35–64 years accounted for approximately 50% of suicide deaths (Table 6). Rates among males were highest for those aged 75–84 years and those aged ≥85 years (36.7 and 42.1 per 100,000 population, respectively). AI/AN males had the highest rates of any racial/ethnic population, approximately four times rates for Asian/Pacific Islander (API) males. However, both groups accounted for approximately the same percentage of suicide deaths (1.0%–2.0%). Among females, decedents aged 35–64 years accounted for 62.0% of suicides. Rates for females peaked at 8.4 per 100,000 persons aged 45–54 years. As with males, suicide rates were highest among AI/ANs (6.9) and lowest among blacks (1.9) and Hispanics (2.4). Of all decedents, 39.3% were married, 29.5% never married, and 21.9% divorced (Table 6).

Method and Location of Injury

Firearms were used in the majority (51.5%) of suicide deaths, followed by hanging/strangulation/asphyxiation (19.7%) and poisoning (16.8%) (Table 5). The most common method used by male suicide decedents was a firearm (57.3%) (Table 7), followed by hanging/strangulation/asphyxiation (19.9%). Among females, poisons were used most often (36.0%), followed closely by firearms (30.3%). Approximately 75% of suicides occurred in a house or apartment, making it the most common place of injury for both males and females (Table 7), followed by natural areas, streets or highways, and motor vehicles (approximately 3%–4%). A total of 131 (2.1%) suicides occurred in a jail or prison setting (123 males and eight females) (Table 7).

Toxicology Results of Decedent and Precipitating Circumstances

Tests for alcohol were conducted for 72.1% of suicide decedents, and drug tests for amphetamines, antidepressants, cocaine, marijuana, and opiates were conducted for 41.6%, 40.1%, 48.4%, 35.9%, and 47.7% of suicide decedents, respectively (Table 8). Suicide decedents who tested positive for alcohol showed a BAC of >0.08 mg/dL in 62.1% of cases. Opiates, including heroin and prescription pain killers, were identified in 18.5% of cases tested for these substances; cocaine and marijuana were approximately half as common (7.6%–9.4%) among decedents tested. Of suicide decedents who were tested for antidepressants, 25% were positive at the time of their deaths.

Overall, mental health problems were the most commonly noted circumstance for suicide decedents (Table 9), with 45.7% described as experiencing a depressed mood at the time of their deaths. Nearly as many were described as having a

diagnosed mental health problem (42.1%), though only 33.0% were under treatment. Approximately 95% of those with a diagnosed mental disorder had received a diagnosis of a mood disorder (e.g., depression/dysthymia or bipolar disorder) or an anxiety disorder (Table 10), 20% had a history of previous suicide attempts, 28.5% disclosed their intent before dying, and 32.3% left a suicide note (Table 9). Other than mental health concerns, circumstances noted most often were intimate partner problems or a crisis of some kind in the previous 2 weeks, each indicated in approximately 30% of suicides. Physical health problems also were recognized in 21.9% of cases. Being a perpetrator of interpersonal violence in the month before death was 5.7% among suicide decedents compared with 0.7% for being a victim of such violence (Table 9).

Similar percentages of male and female suicide decedents were observed to have a depressed mood at the time of death; however, nearly twice as many females as males had received a diagnosis of a mental health problem (60.8% and 36.9%, respectively) or were being treated for a mental illness (51.2% and 28.0%, respectively). Approximately the same percentage of male and female suicide decedents experienced physical health problems in the period before their deaths. Intimate partner problems were cited as a precipitating factor in 33% of male suicides and in 26.1% of female suicides (Table 9).

Seasonality

Rates of suicide by month showed little variation throughout the year (range: 0.8–1.0 per 100,000 population) (Table 5).

Homicides

Sex, Race/Ethnicity, Age Group, Marital Status

The 16 NVDRS states included in this report collected data about 4,483 homicide incidents that occurred during 2005 (Table 11). Overall, the crude homicide rate was 6.1 incidents per 100,000 population in 2005. The majority of homicide decedents never had been married (54.7%), and <25% were married at the time of their deaths (Table 12).

The rate for males was approximately 3.7 times that for females (9.6 and 2.6 per 100,000 population, respectively) (Table 13). Blacks accounted for the majority of homicide deaths (50.6%) and had the highest rates (19.4 deaths per 100,000 population), followed by AI/ANs (9.9) and Hispanics (8.2). Age-specific homicide rates were highest (15.9 per 100,000 population) among those aged 20–24 years. The rate for infants aged <1 year was approximately four times that for children aged 1–4 years (8.5 and 2.1 per 100,000 population, respectively) and similar to that for adolescents aged 15–19

years (8.8 per 100,000 population). Rates were lowest among children aged 5–14 years and persons aged ≥ 55 years. The majority (51.3%) of all male homicide decedents were aged 20–44 years; males in this age group also had the highest homicide rates (Table 13). For females, homicide rates were highest (9.3) among infants aged <1 year. Black males had the highest homicide rate (34.6 per 100,000 population) of any racial/ethnic population. Rates were 5.5 per 100,000 population for black females and 5.1 per 100,000 population for AI/AN females.

Method and Location of Injury

Firearms were used in 64.5% of homicide deaths (Table 11), followed by sharp instruments (12.2%) and blunt instruments (5.3%). No other single method was used in more than 3.6% of homicides. Firearms were the most common method used in homicides of males (69%) and females (48.4%) (Table 14). Strangulation/suffocation/asphyxiation was nearly seven times more common among female homicide decedents than among males (9.6% and 1.4%, respectively). Females also died more often than males from drowning (0.8% and 0.1%, respectively) and intentional neglect (0.7% and 0.2%, respectively). A house or apartment was the most common place of injury for both males and females, accounting for 42.4% of male deaths and 68% of female deaths (Table 14). The next-most-common location of injury for males was a street or highway (27.5%), parking lot or public garage (4.3%), and motor vehicle (4.1%); for females, the next-most-common locations were a street or highway (8.2%), a natural area (3.4%), or a commercial/retail area (2.3%).

Toxicology Results of Decedent and Precipitating Circumstances

Tests for alcohol were conducted for 84.3% of homicide decedents, and drug tests for amphetamines, antidepressants, cocaine, marijuana, and opiates were conducted for 49.8%, 41.9%, 65.0%, 35.5%, and 59.1% of homicide decedents, respectively (Table 15). Homicide decedents who tested positive for alcohol showed a BAC of >0.08 mg/dL in 55.6% of cases. Marijuana and cocaine were identified in approximately 21.2% and 17.2% of homicide decedents tested, respectively. Opiates were about half as common; decedents tested for these substances were positive in 7.8% of cases. Only a limited percentage of persons tested for amphetamines, including methamphetamine, tested positive for these drugs.

Approximately one third of homicides were precipitated by another crime (Table 16). In 78.6% of these cases, the crime was in progress at the time of the incident. The crime was most often a robbery (39.5%), followed by assault (15.8%), drug trade (10.3%), burglary (9.0%), motor-vehicle theft

(3.4%), or rape/sexual assault (3.2%) (Table 17). In those cases that were not precipitated by another crime, the most common precipitating circumstances were an argument, abuse, or conflict over something other than money or property (38.8%); drug-related (17.1%); or an argument regarding money or property (9.5%) (Table 16). In nearly 20% of cases, intimate partner violence was identified as a contributing factor. In $<1\%$ of the cases, the decedent was a police officer killed in the line of duty or an intervening person assisting a crime decedent.

Arguments, abuse, or conflict unrelated to money or property were factors in more homicides among males than among females (42.8% and 25.9%, respectively). Drug-related homicides accounted for 19.1% of male homicides and 10.6% of female homicides. Intimate partner violence was a precipitating factor in 51.9% of female homicides but only 8.8% of male homicides. In 12.6% of male homicides, the decedent also used a weapon during the altercation, compared with 2.4% of female homicides (Table 16).

In 45.5% of homicides, the relation of the suspect to the decedent was not known (Table 12). When a suspect was identified, the suspect most often was an acquaintance or friend (16.6%), a stranger (11.2%), or a spouse or intimate partner (9.9%). Perpetrators were other relatives of the decedent in $<15\%$ of cases.

Seasonality

Rates of homicide by month showed little variation throughout the year (range: 0.4–0.6 per 100,000 population) (Table 11).

Deaths of Undetermined Intent

Sex, Race/Ethnicity, Age Group, Education and Marital Status

The 16 NVDRS states included in this report collected data concerning 2,119 violent death incidents during 2005 for which a determination of intent could not be made (Table 18). Overall, the crude rate of undetermined violent deaths was 2.7 per 100,000 population. Rates of undetermined death were higher among males than among females (3.5 and 2.0 per 100,000 population, respectively) (Table 19). Although whites accounted for 76.7% ($n = 1,633$) of undetermined deaths, rates were highest among AI/ANs and blacks (5.1 and 3.2 per 100,000 population, respectively). The majority of decedents with an undetermined manner of death were aged 35–54 years. Rates were highest among infants aged <1 year (15.3 per 100,000 population) and lowest among persons aged 1–19 years (≤ 0.8 per 100,000 population) and those aged ≥ 65 years (≤ 1.7 per 100,000 population). Decedents with an

undetermined manner of death most often never were married (37.1%), followed by married (29.0%) or divorced (25.0%) (Table 19). AI/AN males had the highest rates of undetermined death compared with males or females of other racial/ethnic populations (Table 19).

Method and Location of Injury

In 79.1% of cases of undetermined intent, the method of injury was identified. The most common method was poisoning (64.6%) (Table 18). No other single method was used in >3% of undetermined deaths. Among both males and females for which the method of injury was known, poisoning was used in 62.8% and 68.0% of deaths, respectively (Table 20). The majority of undetermined violent deaths occurred in a house or apartment, making it the most common place of injury for both males and females (68.4% and 79.8%, respectively) (Table 20). A street or highway was the second-most-common setting, accounting for 7.9% of deaths among males and 4.6% among females. No other location type accounted for >4.3% of deaths.

Toxicology Results of Decedent and Precipitating Circumstances

Tests for alcohol were conducted for 85.3% of decedents of undetermined intent, and drug tests for amphetamines, antidepressants, cocaine, marijuana, and opiates were conducted for approximately 75.8%, 72.6%, 81.2%, 42.0%, and 83.5% of decedents, respectively (Table 21). Decedents whose manner of death could not be determined and who tested positive for alcohol had a BAC of >0.08 mg/dL in 54.3% of cases. Opiates were found in 62.1% of decedents tested for these substances. Of those tested for cocaine, 27.5% tested positive compared with 11.2% of those tested for marijuana. Antidepressants were identified in 30.7% of decedents tested for these substances.

Overall, the most commonly noted circumstances for deaths of undetermined intent were substance abuse problems involving a drug other than alcohol (63.1%) or alcohol (26.5%) (Table 22). Although a current depressed mood was reported for only 16.5% of decedents, approximately 40% had a current mental health problem or were in treatment at the time of their deaths (34.0%). Of those with a current mental health problem, approximately 90% of diagnoses were for either mood disorders (e.g., depression/dysthymia or bipolar disorder) or anxiety disorders (77.5% and 13.6%, respectively) (Table 23). The decedent had a history of suicide attempts in 11.7% of cases, disclosed intent to commit suicide in 6.9%, or left a suicide note in 1.3% (Table 22). Other than mental health problems, circumstances noted most often were physical health problems (29.7%), a crisis in the

previous 2 weeks (13.8%), or an intimate partner problem (10.6%).

A greater percentage of male than female decedents were reported to have an alcohol problem (30.5% and 20.1%, respectively) or other substance abuse problems at the time of death (67.2% and 56.4%, respectively). Mental health problems were reported in a higher percentage of undetermined deaths of females than of males (51.4% and 32.0%, respectively), and a higher percentage of females were currently in treatment for a mental illness than males (44.5% and 27.5%, respectively) and had a history of suicide attempts (17.3% and 8.2%, respectively) (Table 22).

Seasonality

Rates of undetermined death by month were constant at 0.2 per 100,000 population throughout the year (Table 18).

Unintentional Firearm Deaths

Sex, Race/Ethnicity, Age Group, Education, and Marital Status

The 16 NVDRS states included in this report collected data about 112 unintentional firearm deaths during 2005 (Table 24). Males accounted for >90% of decedents; the majority were whites followed by blacks. More than half of unintentional firearm fatalities occurred among persons aged 10–29 years. Males aged 10–29 years accounted for more than half of unintentional firearm deaths. Among females, no age group had more than three cases (data not tabulated because of limited numbers). Approximately 75% of unintentional firearm injury decedents were white males.

Location of Injury

More than half of all unintentional firearm fatalities took place in a house or apartment, making it the most common place of injury for both males and females, followed by a natural area or forest. All decedents in these areas were male (Table 24).

Toxicology Results of Decedent and Precipitating Circumstances

Approximately 70% of unintentional firearm decedents were tested for alcohol, and drug tests for amphetamines, antidepressants, cocaine, marijuana, and opiates were conducted for approximately 33%. Decedents who tested positive for alcohol showed a BAC of >0.08 mg/dL in the majority of cases. Marijuana was identified in 25% of decedents tested, and amphetamines, cocaine, and opiates were identified in fewer than five cases (data not tabulated because of limited numbers).

Overall, the most commonly noted circumstances for unintentional firearm injury deaths were playing with a gun, hunting, and displaying a gun to others (Table 25). Among those cases for which information was available regarding how the incident occurred (method of injury), pulling the trigger unintentionally was listed most often, followed by dropping the gun. In approximately 20% of cases, the shooter thought the gun was unloaded. The suspect-to-decedent relation was not known or was missing in approximately 75% of unintentional firearm deaths. When a suspect was identified, the suspect was most often an acquaintance or friend of the decedent.

Special Circumstances

Violent Deaths with Multiple Decedents

The 16 NVDRS states included in this report collected data about 399 violent incidents with more than one fatal injury that occurred during a 24-hour period during 2005 (Table 26). Of a total of 640 victims, 329 (51.4%) were males; 388 (88.6%) of 438 suspects also were males (Table 27). Whites accounted for the highest percentage of decedents (68.1%), followed by blacks (28.1%) and all other racial/ethnic populations at <1%. Hispanics accounted for 13.4% of deaths in multiple fatality incidents. Rates for decedents were highest for persons aged 20–54 years. Suspects most commonly were aged 35–44 years. Firearms were the most common method used (77.2%), followed by sharp instruments (7.8%) and poisonings (3.6%) (Table 26).

Homicide Followed by Suicide

The 16 NVDRS states included in this report collected data about 200 violent incidents that occurred during 2005 in which a homicide was followed by the suicide of the suspect (Table 28). Of 225 homicide decedents, 168 (74.7%) were female and 180 (90.0%) suspects (suicide decedents) were male. Homicide rates were the same for whites, blacks, and Hispanics (0.3 per 100,000 population); 81.3% of homicide decedents were white. Among suspects who killed themselves after committing homicide, 77.5% were white and 18.0% black. The highest percentages of both homicide and suicide decedents were persons aged 35–44 years (25.3% and 24.0%, respectively). Marital status of homicide decedents and suspects most often were married (not necessarily to each other) (40.6% and 36.4%, respectively) (Table 28). Among decedents tested for alcohol (76.0% of homicide decedents and 75.0% of suicide decedents), positive results indicated that both homicide and suicide decedents most often had BAC <0.08 mg/dL (63.2% and 50.0%, respectively) (Table 29). Suspects who killed themselves following a homicide and who were tested subsequently for drugs tested positive for amphet-

amines, antidepressants, and marijuana more often than homicide victims. Homicide decedents tested positive for opiates more often than suspects. With respect to location, 75.1% of the homicides occurred in a house or apartment; 5.8% on streets or highways, and 4.5% in a motor vehicle or natural area (Table 29). Firearms were the most common (86.7%) method used in homicides (Table 29).

Although 15.2% of persons who committed suicide following a homicide had a diagnosed mental health problem, only 10.0% were receiving mental health treatment at the time of the fatal incident (Table 30). Intimate partner relationship problems preceded homicide followed by suicide in 78.5% of suspect suicides. Other nonintimate partner relationship problems contributed to 10% of suspect suicides. Of suspects who killed themselves, 86.9% had had a personal crisis within the previous 2 weeks. The crisis was related to criminal or civil legal problems in 26.2% of suspect suicides and to physical or financial problems in 18.4% of suspect suicides; 16.8% of suicide decedents had disclosed their intent to kill themselves, and 4.7% had a history of suicide attempts (Table 30).

Intimate Partner Homicide

The 16 NVDRS states included in this report collected data about 573 incidents of intimate partner homicide that occurred during 2005 (Table 31). Of 594 homicide victims, 386 (65.0%) were female. Although 62.5% of homicide victims were white, rates were highest for AI/ANs and blacks (2.0 and 1.5 per 100,000 population, respectively). Of 607 suspects, 476 (78.4%) were male; 290 (47.8%) were white and 187 (30.8%) black. The highest percent of victims and suspects were persons aged 35–44 years. The majority (43%) of victims were married. Of decedents tested for alcohol, 61.0% had a BAC >0.08 mg/dL. Although the numbers are small and thus difficult to interpret, cocaine was the most common drug identified in those who were tested for drugs (14.7%) (Table 31).

Suicide of Former or Current Military Personnel

The 16 NVDRS states included in this report collected data about 1,821 suicides by former or current military personnel that occurred during 2005, comprising 20% of all suicides (Table 32). Of these 1,821 suicide decedents, 1,765 (96.9%) were male, and 1,695 (93.1%) were white. The greatest percent of decedents were persons aged >45 years. The most common method used (67.9%) was firearms, followed by poisoning and hanging/strangulation/suffocation (12.7% and 11.5%, respectively). Of all former or current military personnel decedents who were tested for alcohol, 63.4% had a BAC >0.08 mg/dL. Although 47.2% were depressed at the time of death, and 34.8% had a diagnosed mental health prob-

lem, only 26.7% were receiving mental health care (Table 33). With respect to substance abuse, 17.2% had an alcohol problem, and 7.7% had a problem with other substances. With respect to other issues; 24.5% had a problem with an intimate partner; 38.4% had a physical health problem, 28.0% had experienced an acute crisis during the previous 2 weeks; 8.5%–11.8% had either job, financial, or criminal legal problems; 33.9% had left a suicide note; 13.3% had made a previous suicide attempt; and 29.0% had disclosed their intent to commit suicide with enough time for someone to have intervened.

Legal Intervention

The 16 NVDRS states included in this report collected data on 171 deaths involving fatal injuries attributed to legal intervention that occurred during 2005 (Table 34). Of the 171 decedents, 163 (95.3%) were male. Whites accounted for 62.0% of deaths and blacks for 33.3%. Rates of legal intervention deaths were 0.5 per 100,000 population for blacks and 0.2 per 100,000 for whites. Numbers for other racial/ethnic populations were too small to produce a stable estimate. The highest percent of decedents were persons aged 20–54 years (Table 35). Of all legal intervention decedents who were tested for alcohol (83.0 %), 63.2% of those that were positive had a BAC of >0.08 (Table 34). The presence of other drugs for which positive tests were found varied: 21.8% of decedents tested positive for marijuana, 15.5% for amphetamines, 14.4% for cocaine, 10.7% for antidepressants, and 5.8% for opiates. With respect to location, 37.4% of legal intervention deaths occurred in a house or apartment, 28% on a street or highway, and 2.9% occurred in a jail or prison.

Infant/Child Deaths

The 16 NVDRS states included in this report collected data concerning 546 incidents that occurred during 2005 involving 557 decedents aged ≤ 14 years (Table 36). Of these 557 decedents, 347 (62.3%) were male and 335 (60.1%) were white. Rates were higher for males than for females (4.3 and 2.7 per 100,000 population, respectively). AI/ANs and blacks had the highest rates among racial/ethnic populations (9.9 and 5.9 per 100,000 population, respectively). By age group, the highest rates (24.2 per 100,000 population) occurred among infants aged <1 year and the lowest (0.7 per 100,000 population) among children aged 5–9 years. The greatest percentage of cases in which the method was known involved a firearm (18.0%), followed by hanging/strangulation/suffocation (15.6%) and personal weapons (i.e., hands, fists, or feet) (8.1%) (Table 37). For 156 (28.0%) deaths, the method was unknown. A suspect was not identified for 338 (60.7%) deaths. Of the deaths for which a suspect was known, nearly 20.0%

involved a parent or substitute (e.g., step parent, foster parent, or mother's boyfriend) and nearly 10% a friend or acquaintance of the child. For both males and females, the highest death rates (males: 26.4 and 21.8 per 100,000 population, respectively) occurred among infants aged <1 year (Table 38). Among males, the highest rates occurred among AI/ANs, blacks, and Hispanics (13.9, 7.0, and 4.4 per 100,000 population, respectively). Among females, the highest rates also occurred among AI/ANs, blacks, and Hispanics (5.8, 4.8, and 2.7 per 100,000 population, respectively).

Discussion

Demographic Characteristics and Injury Mechanism

The findings in this report indicate clear demographic variations in risk of death from violence-related injuries in 2005. The results indicate that the highest rates of violent deaths occurred among males, AI/ANs, blacks, and younger adults aged 20–29 years. Patterns varied by type of death: suicide rates were higher among whites than among blacks and higher among persons aged ≥ 75 years and those aged 45–54 years, whereas homicide rates were highest among adults aged 20–24 years, especially males. For both males and females, rates of homicide were highest among blacks and AI/ANs. Firearms were the most common method used in homicides, suicides, and incidents involving multiple victims. The majority of injury deaths with an undetermined intent were poisonings or had an unknown cause.

Information concerning demographic characteristics and injury mechanisms is available from existing data sources such as CDC's Web-based Injury Statistics Query and Reporting System (WISQARS) and the National Vital Statistics System (NVSS) (1,10), and the demographic patterns noted above are consistent with those documented in other reports (11–13). Data regarding location of injury, decedent toxicology, and precipitating circumstances of violent deaths are unique to NVDRS. For example, NVDRS data indicate that the home was the most common location of violent death for all manners of death. Intoxication also was widespread among decedents, and more than half of decedents who tested positive for alcohol were above the state-specific legal limit for intoxication at the time of death.

Within each manner of death, NVDRS data provide important insights into key circumstances. Current mental health and/or substance abuse problems, relationship problems and losses, and recent crises were frequent precipitants for suicide. These factors have been documented as important risk factors for suicide in other studies (12,14). Despite

the high prevalence of mental health problems among suicide decedents, only one third were known to be receiving treatment at the time of death. Whether the lack of treatment is related to limited access to care or an unwillingness or inability to seek care is unknown. Persons might be unwilling to seek care because of the stigma attached to mental health problems or severe mental illness. Barriers in accessing mental health treatment and stigma are both contributing factors in cases of suicide (12,14).

Typically, homicide decedents were males killed as the result of an argument or conflict or during the commission of a crime (predominately a robbery). The majority of homicides were committed with a firearm. Only 20% of male homicides and 10% of female homicides were known to be related to illegal drugs. Research concerning youth homicide indicates that interpersonal disputes can turn deadly, especially when lethal means, such as firearms, are involved in the dispute (15,16). Even though homicides involving the use of firearms have decreased substantially since the mid-1990s, the proportion of homicides among persons aged 15–24 years that are committed with a firearm has remained high (approximately 80%) and relatively stable over time (1). In contrast to male homicides, the most common precipitating factor in female homicides was intimate partner violence. In the United States, approximately one third of all female murder decedents are killed by a current intimate partner (17) and an additional 10%–20% by an ex-partner (18).

NVDRS Capabilities

A key feature of NVDRS is its ability to identify incidents involving multiple decedents and incidents in which the perpetrator has a specific relationship to the decedent. Multiple decedent homicides and homicide-suicide incidents account for <3% of violent death incidents but have a substantial impact on the decedents' families and communities. The findings provided in this report indicate the existence of differences by gender. Although the proportion of decedents in incidents involving multiple violent deaths was divided equally between males and females, approximately 90% of the suspects in these incidents were male. In incidents when a homicide was followed by a suicide, a similar proportion of the perpetrators were males, but 75% of the decedents were female. In the majority of these incidents, problems with a romantic partner were cited as an important precipitating factor, as were crises occurring within the 2 weeks previous to the suicide. In intimate partner homicide incidents that were not followed by suicide, the majority of the decedents were females, and >75% of the suspects were males. These findings underscore the importance of enhancing ongoing efforts to address part-

ner violence, situational stressors, and suicidal ideation to reduce risk for certain types of homicides, particularly incidents involving male perpetrators and female decedents.

In addition to enabling researchers to examine multiple decedent incidents, NVDRS permits examination of violent deaths involving specific populations. For example, NVDRS data indicate that the majority of decedents of suicide among former or current military personnel were white males who were married at the time of death and who used a firearm to commit suicide. Precipitating circumstances associated with suicide among former or current military personnel were similar to those among all male suicide decedents, with one exception. The proportion of former or current military personnel reported to be experiencing health problems was nearly double that for persons who were not former or current military personnel. This might reflect a difference in reporting and contact with health professionals related to their former or current military status. In >40% of suicides, physical illness is considered a contributory factor, especially if mood disorders or depressive symptoms also are present (19).

Prevention Opportunities

These findings suggest that prevention opportunities exist to reduce violent deaths in ways that are common across types of violence. Risk and protective factors for violence operate at multiple levels of social influence (19). Prevention programs therefore can benefit from considering how best to address individual-level factors while taking into account the factors within families, peer groups, schools, or communities that contribute to violent behavior. Information concerning the precipitating circumstances in this report provides some important clues in terms of where to focus prevention efforts. For example, substance abuse (especially alcohol) affected substantial proportions of both homicide and suicide decedents. Efforts aimed at reducing substance abuse, such as education and community-based approaches and laws and policies to prevent alcohol-related problems, have the potential to reduce several types of violent death (20). The results also highlight the importance of prevention programs and policies that increase the accessibility of treatment for mental health and substance abuse problems. Relationship problems, interpersonal conflicts, and recent crises were also important precipitating factors. Programs designed to enhance social problem-solving and coping skills to deal with stressful life events and problems that surface within interpersonal relationships can also potentially reduce violence (21). Addressing the social and economic conditions within communities that often give rise to violence also is important. In general, prevention approaches that address multiple domains of

influence on behavior are more likely to have a preventive impact than those that focus on a single risk factor (22).

Limitations

The findings provided in this report are subject to at least six limitations. First, the availability, completeness, and timeliness of data are dependent on the sharing of data among state health department NVDRS teams, coroner/medical examiners, and law enforcement personnel in their states. This is particularly challenging when states have independent county coroner systems rather than a centralized medical examiner system. NVDRS incident data might be limited or incomplete for areas in which these data-sharing relationships are not fully developed. Second, abstractors are limited to the data included in the reports they receive. Reports might not fully reflect all information known about an incident, particularly in the case of homicides, when data are less readily available until after prosecutions are complete. Third, case definitions present challenges when a single death is classified differently in different documents (e.g., "unintentional" in a police report, "homicide" in a coroner/medical examiner report, and "undetermined" on the death certificate. NVDRS abstractors reconcile these cases using standardized NVDRS case definitions and select a single manner of death on the basis of all source documents. Fourth, NVDRS data are available only from a limited number of states and therefore are not nationally representative. Finally, although extensive coding training is conducted and help desk support is available daily, variations in coding might occur depending on the abstractor's level of experience. For this reason, states regularly conduct blinded reabstraction of cases to test consistency and identify training needs. Finally, protective factor data are not collected by NVDRS as a result of the nature of death certificate, CME, and police reports, which typically contain only circumstances associated with risk factors.

Conclusion

More effective prevention programs are needed to prevent violent deaths in the United States. Accurate, timely, and comprehensive surveillance data are necessary for violent deaths in the United States to be better understood and ultimately prevented. NVDRS data can be used to track the occurrence of violence-related fatal injuries and assist public health authorities in the development, implementation, and evaluation of programs and policies that reduce and prevent violent deaths and injuries at the national, state, and local levels. Continued development and expansion of NVDRS is critical to CDC's ongoing efforts to reduce the personal, familial, and

societal costs of violence. Further efforts are needed to increase the number of states using NVDRS, with an ultimate goal of full national representation, including all 50 states, the District of Columbia, and U.S. territories.

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TABLE 1. Number, percentage,* and rate† of violent deaths, by manner of death, incident type, method used, and month in which death occurred — National Violent Death Reporting System, 16 states,‡ 2005

Characteristic	No.	%	Rate
Manner of death			
Homicide/Legal intervention	4,721	29.6	6.1
Suicide	8,949	56.1	11.5
Undetermined intent	2,128	13.3	2.7
Unintentional firearm	112	0.7	0.1
Unknown	52	0.3	0.1
Total	15,962	100.0	20.5
Incident type			
Suicide, single	8,721	56.3	†
Homicide, single	3,945	25.5	†
Unintentional firearm	112	0.7	†
Suicide, multiple	12	0.1	†
Homicide, multiple	166	1.1	†
Legal intervention	163	1.1	†
Homicide followed by suicide	199	1.3	†
Undetermined	2,113	13.6	†
Other combinations of deaths	14	0.1	†
Unknown	50	0.3	†
Total	15,495	100.0	19.9
Method			
Firearm	7,813	48.9	10.0
Sharp instrument	744	4.7	1.0
Blunt instrument	271	1.7	0.3
Poisoning	2,905	18.2	3.7
Hanging/Strangulation/Suffocation	1,943	12.2	2.5
Personal weapons (hands, fist, or feet)	177	1.1	0.2
Fall	171	1.1	0.2
Drowning	160	1.0	0.2
Fire/Burn	106	0.7	0.1
Motor vehicle	173	1.1	0.2
Intentional neglect	18	0.1	**
Other	132	0.8	0.2
Unknown	1,349	8.5	1.7
Total	15,962	100.0	20.5
Month			
January	1,300	8.1	1.7
February	1,233	7.7	1.6
March	1,375	8.6	1.8
April	1,343	8.4	1.7
May	1,410	8.8	1.8
June	1,393	8.7	1.8
July	1,440	9.0	1.8
August	1,398	8.8	1.8
September	1,308	8.2	1.7
October	1,308	8.2	1.7
November	1,201	7.5	1.5
December	1,216	7.6	1.6
Unknown	37	0.2	0
Total	15,962	100.0	20.5

* Percentages might not total 100% because of rounding.

† Per 100,000 population.

‡ Alaska, Colorado, Georgia, Kentucky, Maryland, Massachusetts, North Carolina, New Jersey, New Mexico, Oklahoma, Oregon, Rhode Island, South Carolina, Utah, Virginia, and Wisconsin.

† Because the number of victims varies in incidents involving multiple deaths, population denominators cannot be determined to compute rates.

** Rates not reported when number of decedents is <20.

TABLE 2. Number, percentage,* and rate† of violent deaths, by victim's sex, age group, and race/ethnicity — National Violent Death Reporting System, 16 states,‡ 2005

Characteristic	Male			Female			Total¶		
	No.	%	Rate	No.	%	Rate	No.	%	Rate
Age group (yrs)									
<1	146	1.2	26.4	115	3.1	21.8	261	1.6	24.2
1–4	79	0.6	3.6	36	1.0	1.7	115	0.7	2.7
5–9	22	0.2	0.8	14	0.4	**	36	0.2	0.7
10–14	100	0.8	3.6	45	1.2	1.7	145	0.9	2.7
15–19	784	6.4	27.8	178	4.8	6.7	962	6.0	17.5
20–24	1,532	12.5	53.3	282	7.6	10.6	1,814	11.4	32.7
25–29	1,281	10.5	46.6	263	7.1	10.0	1,544	9.7	28.7
30–34	1,144	9.3	42.1	284	7.6	10.7	1,429¶	9.0	26.5
35–44	2,423	19.8	41.4	882	23.7	14.9	3,305	20.7	28.1
45–54	2,197	18.0	39.9	843	22.7	14.6	3,041¶	19.1	27.0
55–64	1,134	9.3	29.2	422	11.4	10.1	1,556	9.7	19.3
65–74	653	5.3	29.9	150	4.0	5.8	803	5.0	16.8
75–84	531	4.3	41.3	128	3.4	6.6	659	4.1	20.5
≥85	186	1.5	48.3	57	1.5	6.6	243	1.5	19.4
Unknown	27	0.2	0.1	15	0.4	**	49¶	0.3	0.1
Total	12,239	100.0	31.9	3,714	100.0	9.4	15,962	100.0	20.5
Race/Ethnicity									
White	8,912	72.8	29.1	2,908	78.3	9.3	11,821	74.1	19.1
Black	2,830	23.1	48.1	624	16.8	9.7	3,454	21.6	28.0
API††	148	1.2	10.8	70	1.9	4.9	218	1.4	7.8
AI/AN§§	268	2.2	47.9	86	2.3	15.2	354	2.2	31.4
Other	78	0.6	0.2	26	0.7	0.1	109	0.7	0.1
Unknown	3	0	**	0	0	**	6	0	**
Hispanic¶¶	937	6.0	25.1	210	1.3	6.4	1,147	7.2	16.3
Total	12,239	100.0	31.9	3,714	100.0	9.4	15,962	100.0	20.5

* Percentages might not total 100% because of rounding.

† Per 100,000 population.

§ Includes Alaska, Colorado, Georgia, Kentucky, Maryland, Massachusetts, North Carolina, New Jersey, New Mexico, Oklahoma, Oregon, Rhode Island, South Carolina, Utah, Virginia, and Wisconsin.

¶ Total includes nine additional cases for which the victim's sex was unknown, as indicated.

** Rates not reported when number of decedents is <20.

†† Asian/Pacific Islander.

§§ American Indian/Alaska Native.

¶¶ Includes persons of any race.

TABLE 3. Number and percentage* of violent deaths, by victim's sex, method used, and location in which injury occurred — National Violent Death Reporting System, 16 states,† 2005

Characteristic	Male		Female		Total§	
	No.	%	No.	%	No.	%
Method						
Firearm	6,728	55.0	1,085	29.2	7,813	48.9
Sharp instrument	538	4.4	206	5.5	744	4.7
Blunt instrument	201	1.6	70	1.9	271	1.7
Poisoning	1,683	13.8	1,221	32.9	2,905§	18.2
Hanging/Strangulation/Suffocation	1,479	12.1	462	12.4	1,943§	12.2
Personal weapons (hands, fists, or feet)	137	1.1	40	1.1	177	1.1
Fall	119	1.0	52	1.4	171	1.1
Drowning	110	0.9	50	1.3	160	1.0
Fire/Burn	61	0.5	45	1.2	106	0.7
Motor vehicle	132	1.1	41	1.1	173	1.1
Intentional neglect	10	0.1	8	0.2	18	0.1
Other	89	0.7	43	1.2	132	0.8
Unknown	952	7.8	391	10.5	1,349§	8.5
Total	12,239	100.0	3,714	100.0	15,962	100
Location						
House	7,594	62.0	2,835	76.3	10,430§	65.3
Street/Highway	1,385	11.3	165	4.4	1,550	9.7
Motor vehicle	420	3.4	82	2.2	502	3.1
Bar/Nightclub	65	0.5	4	0.1	69	0.4
Commercial/Retail area	164	1.3	28	0.8	192	1.2
Industrial/Construction area	48	0.4	11	0.3	59	0.4
Office building	40	0.3	7	0.2	47	0.3
Parking lot/Public garage	250	2.0	32	0.9	282	1.8
Abandoned house, building, or warehouse	18	0.1	3	0.1	21	0.1
Park, playground, or sports/athletic area	239	2.0	32	0.9	271	1.7
Preschool/School/College/School bus	24	0.2	8	0.2	32	0.2
Public transportation/Station/Railroad tracks	47	0.4	9	0.2	56	0.4
Synagogue/Church/Temple	17	0.1	3	0.1	20	0.1
Hospital/Medical facility	47	0.4	20	0.5	67	0.4
Supervised residential facility	87	0.7	20	0.5	107	0.7
Farm	47	0.4	6	0.2	53	0.3
Jail/Prison/Detention facility	158	1.3	10	0.3	169§	1.1
Natural area	438	3.6	106	2.9	546§	3.4
Hotel/Motel	199	1.6	70	1.9	269	1.7
Other	591	4.8	137	3.7	728	4.6
Unknown	361	2.9	126	3.4	492	3.1
Total	12,239	100.0	3,714	100.0	15,962	100.0

* Percentages might not total 100% because of rounding.

† Alaska, Colorado, Georgia, Kentucky, Maryland, Massachusetts, North Carolina, New Jersey, New Mexico, Oklahoma, Oregon, Rhode Island, South Carolina, Utah, Virginia, and Wisconsin.

§ Total includes nine additional cases for which the victim's sex was unknown, as indicated.

TABLE 4. Number* and percentage of victims tested for alcohol and drugs whose results were positive, by toxicology variable — National Violent Death Reporting System, 16 states,† 2005

Toxicology variable	Tested		Positive	
	No.	%	No.	%
Blood alcohol concentration (BAC)§	12,340	76.2	3,849	31.2
BAC ≤0.08 mg/DL			1,470	38.2
BAC >0.08 mg/DL			2,273	59.1
Alcohol-positive, level unknown			106	2.8
Amphetamine	7,729	47.7	428	5.5
Antidepressant	7,142	44.1	1,442	20.2
Cocaine	9,181	56.7	1,409	15.4
Marijuana	5,828	36.0	709	12.2
Opiate	8,882	54.9	2,115	23.8
Other drug	7,685	47.5	3,256	42.4

* N = 15,962.

† Alaska, Colorado, Georgia, Kentucky, Maryland, Massachusetts, North Carolina, New Jersey, New Mexico, Oklahoma, Oregon, Rhode Island, South Carolina, Utah, Virginia, and Wisconsin.

§ BAC of 0.08% used as standard for intoxication. Other substances indicated if any results were positive; levels for these substances are not measured.

TABLE 5. Number,* percentage,† and rate‡ of persons committing suicide, by method used and month in which suicide occurred — National Violent Death Reporting System, 16 states,§ 2005

Characteristic	No.	%	Rate
Method			
Firearm	4,613	51.5	5.9
Sharp instrument	163	1.8	0.2
Blunt instrument	1	0	**
Poisoning	1,500	16.8	1.9
Hanging/Strangulation/Suffocation	1,760	19.7	2.3
Personal weapons (hands, fists, or feet)	1	0	**
Fall	122	1.4	0.2
Drowning	95	1.1	0.1
Fire/Burn	41	0.5	0.1
Motor vehicle	94	1.1	0.1
Intentional neglect	1	0	**
Other	19	0.2	**
Unknown	539	6.0	0.7
Total	8,949	100.0	11.5
Month			
January	760	8.5	1.0
February	692	7.7	0.9
March	810	9.1	1.0
April	786	8.8	1.0
May	769	8.6	1.0
June	777	8.7	1.0
July	799	8.9	1.0
August	762	8.5	1.0
September	738	8.2	0.9
October	738	8.2	0.9
November	660	7.4	0.8
December	649	7.3	0.8
Unknown	9	0.1	**
Total	8,949	100.0	11.5

* No. incidents = 8,937; no. decedents = 8,949.

† Percentages might not total 100% because of rounding.

‡ Per 100,000 population.

§ Alaska, Colorado, Georgia, Kentucky, Maryland, Massachusetts, North Carolina, New Jersey, New Mexico, Oklahoma, Oregon, Rhode Island, South Carolina, Utah, Virginia, and Wisconsin.

** Rate not reported when number of decedents is <20.

TABLE 6. Number, percentage,* and rate† of suicides, by decedent's sex, age group, race/ethnicity, and marital status — National Violent Death Reporting System, 16 states,‡ 2005

Characteristic	Male			Female			Total¶		
	No.	%	Rate	No.	%	Rate	No.	%	Rate
Age group (yrs)									
10–14	59	0.8	2.1	20	1.1	0.8	79	0.9	1.5
15–19	326	4.6	11.6	90	4.7	3.4	416	4.6	7.6
20–24	653	9.3	22.7	123	6.5	4.6	776	8.7	14.0
25–29	569	8.1	20.7	127	6.7	4.8	696	7.8	13.0
30–34	590	8.4	21.7	141	7.4	5.3	732¶	8.2	13.6
35–44	1,428	20.3	24.4	426	22.5	7.2	1,854	20.7	15.7
45–54	1,418	20.1	25.7	486	25.6	8.4	1,905¶	21.3	16.9
55–64	830	11.8	21.4	281	14.8	6.7	1,111	12.4	13.8
65–74	539	7.6	24.7	91	4.8	3.5	630	7.0	13.2
75–84	472	6.7	36.7	74	3.9	3.8	546	6.1	17.0
≥85	162	2.3	42.1	34	1.8	3.9	196	2.2	15.6
Unknown	5	0.1	**	2	0.1	**	8¶	0.1	**
Total	7,051	100.0	18.4	1,895	100.0	4.8	8,949	100.0	11.5
Race/Ethnicity									
White	6,265	88.9	20.5	1,675	88.4	5.4	7,941¶	88.7	12.9
Black	522	7.4	8.9	125	6.6	1.9	647	7.2	5.2
API††	85	1.2	6.2	45	2.4	3.2	130	1.5	4.7
AI/AN§§	142	2.0	25.4	39	2.1	6.9	181	2.0	16.1
Other	37	0.5	0.1	11	0.6	††	50§	0.6	0.1
Hispanic¶¶	367	4.2	9.8	78	0.9	2.4	445	5.0	6.3
Total	7,418	100.0	18.4	1,973	100.0	4.8	9,394	100.0	11.5
Marital status***									
Married	2,676	39.1	†††	724	39.8	†††	3,400	39.3	†††
Never married	2,149	31.4	†††	403	22.1	†††	2,553§	29.5	†††
Widowed	428	6.3	†††	183	10.1	†††	611	7.1	†††
Divorced	1,423	20.8	†††	471	25.9	†††	1,894	21.9	†††
Married but separated	53	0.8	†††	15	0.8	†††	68	0.8	†††
Single, not otherwise specified	73	1.1	†††	20	1.1	†††	93	1.1	†††
Unknown	36	0.5	†††	4	0.2	†††	42§	0.5	†††
Total	6,838	100.0	†††	1,820	100.0	†††	8,661	100.0	†††

* Percentages might not total 100% because of rounding.

† Per 100,000 population.

§ Alaska, Colorado, Georgia, Kentucky, Maryland, Massachusetts, North Carolina, New Jersey, New Mexico, Oklahoma, Oregon, Rhode Island, South Carolina, Utah, Virginia, and Wisconsin.

¶ Total includes three additional cases for which the decedent's sex was unknown, as indicated.

** Rate not reported when number of decedents is <20.

†† Asian/Pacific Islander.

§§ American Indian/Alaska Native.

¶¶ Includes persons of any race.

*** Includes only decedents aged >18 years.

††† Rates cannot be computed for marital status because denominators are unknown.

TABLE 7. Number and percentage* of suicides, by sex of victim, method used, and location in which injury occurred — National Violent Death Reporting System, 16 states,† 2005

Characteristic	Male		Female		Total§	
	No.	%	No.	%	No.	%
Method						
Firearm	4,039	57.3	574	30.3	4,613	51.5
Sharp instrument	129	1.8	34	1.8	163	1.8
Blunt instrument	1	0	0	0	1	0
Poisoning	818	11.6	682	36.0	1,500	16.8
Hanging/Strangulation/Suffocation	1,404	19.9	354	18.7	1,760§	19.7
Personal weapons (e.g., hands, fists, or feet)	1	0	0	0	1	0
Fall	83	1.2	39	2.1	122	1.4
Drowning	64	0.9	31	1.6	95	1.1
Fire/Burn	25	0.4	16	0.8	41	0.5
Motor vehicle	72	1.0	22	1.2	94	1.1
Intentional neglect	1	0	0	0	1	0
Other	13	0.2	6	0.3	19	0.2
Unknown	401	5.7	137	7.2	539§	6.0
Total	7,051	100.0	1,895	100.0	8,949	100.0
Location						
House	5,033	71.4	1,508	79.6	6,542§	73.1
Street/Highway	252	3.6	44	2.3	296	3.3
Motor vehicle	249	3.5	54	2.8	303	3.4
Bar/Nightclub	1	0	0	0	1	0
Commercial/Retail area	45	0.6	4	0.2	49	0.6
Industrial/Construction area	25	0.4	3	0.2	28	0.3
Office building	29	0.4	1	0.1	30	0.3
Parking lot/Public garage	83	1.2	11	0.6	94	1.1
Abandoned house, building, or warehouse	6	0.1	0	0	6	0.1
Park, playground, or sports/athletic area	122	1.7	19	1.0	141	1.6
Preschool/School/College/School bus	13	0.2	5	0.3	18	0.2
Public transportation/Station/Railroad tracks	41	0.6	7	0.4	48	0.5
Synagogue/Church/Temple	14	0.2	1	0.1	15	0.2
Hospital/Medical facility	32	0.5	9	0.5	41	0.5
Supervised residential facility	39	0.6	10	0.5	49	0.5
Farm	36	0.5	4	0.2	40	0.4
Jail/Prison/Detention facility	123	1.7	8	0.4	132§	1.5
Natural area	300	4.3	55	2.9	355	4.0
Hotel/Motel	137	1.9	45	2.4	182	2.0
Other	325	4.6	69	3.6	394	4.4
Unknown	146	2.1	38	2.0	185§	2.1
Total	7,051	100.0	1,895	100.0	8,949	100.0

* Percentages might not total 100% because of rounding.

† Alaska, Colorado, Georgia, Kentucky, Maryland, Massachusetts, North Carolina, New Jersey, New Mexico, Oklahoma, Oregon, Rhode Island, South Carolina, Utah, Virginia, and Wisconsin.

§ Total includes three additional cases for which the victim's sex was unknown, as indicated.

TABLE 8. Number* and percentage of suicide victims tested for alcohol and drugs whose results were positive, by toxicology variable — National Violent Death Reporting System, 16 states,† 2005

Toxicology variable	Tested		Positive	
	No.	%	No.	%
Blood alcohol concentration (BAC)§	6,455	72.1	2,063	32.0
BAC ≤0.08 mg/DL			722	35.0
BAC >0.08 mg/DL			1,282	62.1
Alcohol-positive, level unknown			59	2.9
Amphetamine	3,719	41.6	178	4.8
Antidepressant	3,586	40.1	902	25.2
Cocaine	4,335	48.4	406	9.4
Marijuana	3,214	35.9	243	7.6
Opiate	4,266	47.7	790	18.5
Other drug	3,802	42.5	1,871	49.2

* N = 8,949.

† Alaska, Colorado, Georgia, Kentucky, Maryland, Massachusetts, North Carolina, New Jersey, New Mexico, Oklahoma, Oregon, Rhode Island, South Carolina, Utah, Virginia, and Wisconsin.

§ BAC of 0.08% used as standard for intoxication. Other substances indicated if any results were positive; levels for these substances are not measured.

TABLE 9. Number* and percentage† of suicides, by sex and associated circumstances — National Violent Death Reporting System, 16 states,‡ 2005

Associated circumstances	Male		Female		Total	
	No.	%	No.	%	No.	%
Mental health/Substance abuse						
Current depressed mood	2,744	44.6	836	49.7	3,580	45.7
Current mental health problem	2,274	36.9	1,023	60.8	3,297	42.1
Current mental health treatment	1,723	28.0	861	51.2	2,584	33.0
Alcohol abuse problem	1,185	19.3	230	13.7	1,415	18.1
Other substance abuse problem	928	15.1	292	17.3	1,220	15.6
Relationship						
Intimate partner problem	2,031	33.0	439	26.1	2,470	31.5
Other relationship problem (nonintimate)	591	9.6	197	11.7	788	10.1
Death of family member or friend during previous 5 yrs	414	6.7	126	7.5	540	6.9
Suicide of family member or friend during previous 5 yrs	98	1.6	35	2.1	133	1.7
Perpetrator of interpersonal violence during previous mo	419	6.8	29	1.7	448	5.7
Victim of interpersonal violence during previous mo	29	0.5	25	1.7	54	0.7
Life stressor						
Crisis during previous 2 wks	1,970	32.0	392	23.3	2,362	30.1
Physical health problem	1,341	21.8	379	22.5	1,720	21.9
Job problem	757	12.3	115	6.8	872	11.1
Recent criminal legal problem	804	13.1	62	3.7	866	11.1
Financial problem	713	11.6	150	8.9	863	11.0
Noncriminal legal problem	281	4.6	53	3.1	334	4.3
School problem	81	1.3	23	1.4	104	1.3
Suicide event						
Left a suicide note	1,895	30.8	633	37.6	2,528	32.3
Disclosed intent to commit suicide	1,773	28.8	464	27.6	2,237	28.5
Had history of suicide attempt(s)	1,004	16.3	566	33.6	1,570	20.0

* N = 7,838 (6,155 males and 1,683 females).

† Percentages might exceed 100% because multiple circumstances might have been coded.

‡ Alaska, Colorado, Georgia, Kentucky, Maryland, Massachusetts, North Carolina, New Jersey, New Mexico, Oklahoma, Oregon, Rhode Island, South Carolina, Utah, Virginia, and Wisconsin.

TABLE 10. Number* and percentage† of suicide decedents who had received a diagnosis of a current mental health problem — National Violent Death Reporting System, 16 states,‡ 2005

Mental health problem	No.	%
Depression/Dysthymia	2,453	74.4
Bipolar disorder	429	13.0
Anxiety disorder	219	6.6
Schizophrenia	172	5.2
PTSD¶	43	1.3
OCD**	18	0.5
ADD/ADHD††	41	1.2
Eating disorder	11	0.3
Other	147	4.5
Unknown	304	9.2

* N = 3,297.

† Percentages might exceed 100% because multiple diagnosis categories might have been coded.

‡ Alaska, Colorado, Georgia, Kentucky, Maryland, Massachusetts, North Carolina, New Jersey, New Mexico, Oklahoma, Oregon, Rhode Island, South Carolina, Utah, Virginia, and Wisconsin.

¶ Posttraumatic stress disorder.

** Obsessive-compulsive disorder.

†† Attention deficit disorder/attention deficit and hyperactivity disorder.

TABLE 11. Number,* percentage, † and rate‡ of homicides, by method used and month in which death occurred — National Violent Death Reporting System, 16 states,§ 2005

Characteristic	No.	%	Rate
Method			
Firearm	3,047	64.5	3.9
Sharp instrument	578	12.2	0.7
Blunt instrument	252	5.3	0.3
Poisoning	25	0.5	0
Hanging/Strangulation/Suffocation	151	3.2	0.2
Personal weapons (e.g., hands, fists, or feet)	170	3.6	0.2
Fall	15	0.3	**
Drowning	12	0.3	**
Fire/Burns	34	0.7	0
Motor vehicle	52	1.1	0.1
Intentional neglect	13	0.3	**
Other	50	1.1	0.1
Unknown	322	6.8	0.4
Total	4,721	100.0	6.1
Month			
January	346	7.3	0.4
February	335	7.1	0.4
March	368	7.8	0.5
April	360	7.6	0.5
May	447	9.5	0.6
June	433	9.2	0.6
July	448	9.5	0.6
August	448	9.5	0.6
September	379	8.0	0.5
October	396	8.4	0.5
November	361	7.6	0.5
December	384	8.1	0.5
Unknown	16	0.3	0
Total	4,721	100.0	6.1

* Total includes 4,694 victims and 27 suspects who were killed subsequently; no. incidents = 4,483.

† Percentages might not total 100% because of rounding.

‡ Per 100,000 population.

§ Alaska, Colorado, Georgia, Kentucky, Maryland, Massachusetts, North Carolina, New Jersey, New Mexico, Oklahoma, Oregon, Rhode Island, South Carolina, Utah, Virginia, and Wisconsin.

** Rates not reported when number of decedents is <20.

TABLE 12. Number and percentage* of homicides, by victim's marital status and relationship to suspect — National Violent Death Reporting System, 16 states,† 2005

Characteristic	No.	%
Marital status§		
Married	1,030	24.1
Never married	2,340	54.7
Widowed	143	3.3
Divorced	562	13.1
Married but separated	29	0.7
Single, not otherwise specified	127	3.0
Unknown	47	1.1
Total	4,278	100.0
Relationship		
Spouse/intimate partner (current or former)	466	9.9
Parent	74	1.6
Child	129	2.7
Other relative	145	3.1
Acquaintance/friend	786	16.6
Stranger	531	11.2
Other specified relationship	223	4.7
Multiple relationship mentioned	118	2.5
Multiple suspects in incident	101	2.1
Relationship unknown/ missing	2,148	45.5
Total	4,721	100.0

* Percentages might not total 100% because of rounding.

† Alaska, Colorado, Georgia, Kentucky, Maryland, Massachusetts, North Carolina, New Jersey, New Mexico, Oklahoma, Oregon, Rhode Island, South Carolina, Utah, Virginia, and Wisconsin.

§ Includes only those decedents aged >18 years.

TABLE 13. Number, percentage,* and rate† of homicides, by victim's sex, age group, and race/ethnicity — National Violent Death Reporting System, 16 states,‡ 2005

Characteristic	Male			Female			Total¶		
	No.	%	Rate	No.	%	Rate	No.	%	Rate
Age group (yrs)									
<1	43	1.2	7.8	49	4.8	9.3	92	1.9	8.5
1–4	60	1.6	2.7	30	2.9	1.4	90	1.9	2.1
5–9	16	0.4	**	10	**	**	26	0.6	0.5
10–14	27	0.7	1.0	18	**	**	45	1.0	0.8
15–19	412	11.1	14.6	68	6.7	2.5	480	10.2	8.8
20–24	757	20.5	26.3	126	12.4	4.7	883	18.7	15.9
25–29	583	15.8	21.2	94	9.2	3.6	677	14.3	12.6
30–34	440	11.9	16.2	85	8.3	3.2	525	11.1	9.8
35–44	635	17.2	10.8	238	23.3	4.0	873	18.5	7.4
45–54	398	10.8	7.2	125	12.3	2.2	523	11.1	4.6
55–64	185	5.0	4.8	76	7.5	1.8	261	5.5	3.2
65–74	84	2.3	3.8	47	4.6	1.8	131	2.8	2.7
75–84	41	1.1	3.2	39	3.8	2.0	80	1.7	2.5
≥85	10	0.3	**	12	1.2	**	22	0.5	1.8
Unknown	9	0.2	**	3	0.3	**	13¶	0.3	¶
Total	3,700	100.0	9.6	1,020	100.0	2.6	4,721	100.0	6.1
Race/Ethnicity									
White	1,508	40.8	4.9	610	59.8	2.0	2,118	44.9	3.4
Black	2,036	55.0	34.6	354	34.7	5.5	2,390	50.6	19.4
API††	51	1.4	3.7	23	2.3	1.6	74	1.6	2.7
AI/AN§§	82	2.2	14.6	29	2.8	5.1	111	2.4	9.9
Other	22	0.6	0.1	4	0.4	**	26	0.6	0
Unknown	1	0	**	0	0	**	2¶	0	¶
Hispanic¶¶	486	10.5	13.0	93	2.0	2.8	579	12.3	8.2
Total	3,700	100.0	9.6	1,020	100.0	2.6	4,721	100.0	6.1

* Percentages might not total 100% because of rounding.

† Per 100,000 population.

‡ Alaska, Colorado, Georgia, Kentucky, Maryland, Massachusetts, North Carolina, New Jersey, New Mexico, Oklahoma, Oregon, Rhode Island, South Carolina, Utah, Virginia, and Wisconsin.

¶ Includes one additional decedent for whom both sex and race were unknown, as indicated.

** Rates not reported when number of decedents is <20.

†† Asian/Pacific Islander.

§§ American Indian/Alaska Native.

¶¶ Includes persons of all races.

TABLE 14. Number and percentage* of homicides, by victim's sex, method used, and location in which injury occurred — National Violent Death Reporting System, 16 states,† 2005

Method/Location	Male		Female		Total§	
	No	%	No	%	No	%
Method						
Firearm	2,553	69.0	494	48.4	3,047	64.5
Sharp instrument	407	11.0	171	16.8	578	12.2
Blunt instrument	187	5.1	65	6.4	252	5.3
Poisoning	15	0.4	10	1.0	25	0.5
Hanging/Strangulation/Suffocation	53	1.4	98	9.6	151	3.2
Personal weapons (hands, fists, or feet)	131	3.5	39	3.8	170	3.6
Fall	12	0.3	3	0.3	15	0.3
Drowning	4	0.1	8	0.8	12	0.3
Fire/Burn	20	0.5	14	1.4	34	0.7
Motor vehicle	40	1.1	12	1.2	52	1.1
Intentional neglect	6	0.2	7	0.7	13	0.3
Other	34	0.9	16	1.6	50	1.1
Unknown	238	6.4	83	8.1	322§	6.8
Total	3,700	100.0	1,020	100.0	4,721	100
Location						
House	1,570	42.4	695	68.1	2,265	48.0
Street/Highway	1,019	27.5	84	8.2	1,103	23.4
Motor vehicle	151	4.1	22	2.2	173	3.7
Bar/Nightclub	60	1.6	3	0.3	63	1.3
Commercial/Retail area	110	3.0	23	2.3	133	2.8
Industrial/Construction area	19	0.5	7	0.7	26	0.6
Office building	10	0.3	6	0.6	16	0.3
Parking lot/Public garage	159	4.3	18	1.8	177	3.7
Abandoned house, building, or warehouse	10	0.3	3	0.3	13	0.3
Park, playground, or sports/athletic area	105	2.8	12	1.2	117	2.4
Preschool/School/College/School bus	8	0.2	3	0.3	11	0.2
Public transportation/Station/Railroad tracks	4	0.1	2	0.2	6	0.1
Synagogue/Church/Temple	3	0.1	2	0.2	5	0.1
Hospital/Medical facility	6	0.2	2	0.2	8	0.2
Supervised residential facility	24	0.6	7	0.7	31	0.7
Farm	8	0.2	2	0.2	10	0.2
Jail/Prison/Detention facility	27	0.7	0	0	27	0.6
Natural area	68	1.8	35	3.4	103	2.2
Hotel/Motel	29	0.8	13	1.3	42	0.9
Other	203	5.5	50	4.9	253	5.4
Unknown	107	2.9	31	3.0	139§	2.9
Total	3,700	100.0	1,020	100.0	4,721	100.0

* Percentages might not total 100% because of rounding.

† Alaska, Colorado, Georgia, Kentucky, Maryland, Massachusetts, North Carolina, New Jersey, New Mexico, Oklahoma, Oregon, Rhode Island, South Carolina, Utah, Virginia, and Wisconsin.

§ Includes one additional case for which the victim's sex was unknown, as indicated.

TABLE 15. Number* and percentage of homicide victims tested for alcohol and drugs whose results were positive — National Violent Death Reporting System, 16 states,† 2005

Toxicology variable	Tested		Positive	
	No.	%	No.	%
Blood alcohol concentration (BAC)§	3,978	84.3	1,308	32.9
BAC ≤0.08 mg/DL			539	41.2
BAC >0.08 mg/DL			727	55.6
Alcohol positive, level unknown			42	3.2
Amphetamine	2,353	49.8	145	6.2
Antidepressant	1,978	41.9	65	3.3
Cocaine	3,067	65.0	526	17.2
Marijuana	1,678	35.5	356	21.2
Opiate	2,791	59.1	218	7.8
Other drug	2,146	45.5	447	20.8

* N = 4,721.

† Alaska, Colorado, Georgia, Kentucky, Maryland, Massachusetts, North Carolina, New Jersey, New Mexico, Oklahoma, Oregon, Rhode Island, South Carolina, Utah, Virginia, and Wisconsin.

§ BAC of 0.08% used as standard for intoxication. Other substances indicated if any results were positive; levels for these substances were not measured.

TABLE 16. Number* and percentage† of homicide deaths, by circumstances associated with homicide and victim's sex — National Violent Death Reporting System, 16 states,‡ 2005

Circumstance	Male		Female		Total	
	No.	%	No.	%	No.	%¶
Homicide precipitated by another crime	772	32.4	173	23.3	945	30.2
Crime in progress	610	79.0	133	76.9	743	78.6
Argument over money/property	253	10.6	45	6.1	298	9.5
Jealousy (lover's triangle)	118	4.9	50	6.7	168	5.4
Other argument, abuse, conflict	1,020	42.8	192	25.9	1,212	38.8
Drug involvement	456	19.1	79	10.6	535	17.1
Justifiable self-defense/law enforcement	206	8.6	8	1.1	214	6.8
Brawl	75	3.1	5	0.7	80	2.6
"Mercy killing"	1	0	9	1.2	10	0.3
Decedent was bystander	36	1.5	24	3.2	60	1.9
Decedent was police officer on duty	19	0.8	1	0.1	20	0.6
Decedent was intervening to assist crime victim	25	1.0	4	0.5	29	0.9
Decedent used a weapon	301	12.6	18	2.4	319	10.2
Intimate partner—violence-related	211	8.8	385	51.9	596	19.1
Hate crime	5	0.2	0	0	5	0.2
Drive-by shooting	78	3.3	9	1.2	87	2.8
Random violence	31	1.3	3	0.4	34	1.1
Gang-related	130	5.5	3	0.4	133	4.3

* N = 3,127 (2,385 males and 742 females).

† Percentages might exceed 100% because multiple circumstances might have been coded.

‡ Alaska, Colorado, Georgia, Kentucky, Maryland, Massachusetts, North Carolina, New Jersey, New Mexico, Oklahoma, Oregon, Rhode Island, South Carolina, Utah, Virginia, and Wisconsin.

¶ Denominator is only cases that were precipitated by another crime.

TABLE 17. Number and percentage* of homicides precipitated by another crime that were in progress at the time of injury, by type of crime — National Violent Death Reporting System, 16 states,† 2005

Crime type	No.	%
Robbery	373	39.5
Burglary	85	9.0
Assault/Homicide	149	15.8
Rape/Sexual assault	30	3.2
Motor-vehicle theft	32	3.4
Arson	15	1.6
Drug trade	97	10.3
Witness intimidation/elimination	9	1.0
Gambling	9	1.0
Other	89	9.4
Unknown	57	6.0
Total	945	100.0

* Percentages might not total 100% because of rounding.

† Alaska, Colorado, Georgia, Kentucky, Maryland, Massachusetts, North Carolina, New Jersey, New Mexico, Oklahoma, Oregon, Rhode Island, South Carolina, Utah, Virginia, and Wisconsin.

TABLE 18. Number,* percentage,† and rate‡ of undetermined deaths,§ by method used, and month in which death occurred — National Violent Death Reporting System, 16 states,** 2005

Characteristic	No.	%	Rate
Method			
Firearm	41	1.9	0.1
Sharp instrument	3	0.1	††
Blunt instrument	17	0.8	††
Poisoning	1,375	64.6	1.8
Hanging/Strangulation/Suffocation	32	1.5	0
Personal weapons (hands, fists, or feet)	5	0.2	††
Fall	34	1.6	0
Drowning	53	2.5	0.1
Fire/Burn	31	1.5	0
Motor vehicle	27	1.3	0
Intentional neglect	4	0.2	††
Other	62	2.9	0.1
Unknown	444	20.9	0.6
Total	2,128	100.0	2.7
Month			
January	175	8.2	0.2
February	190	8.9	0.2
March	187	8.8	0.2
April	186	8.7	0.2
May	186	8.7	0.2
June	171	8.0	0.2
July	184	8.6	0.2
August	175	8.2	0.2
September	179	8.4	0.2
October	160	7.5	0.2
November	158	7.4	0.2
December	169	7.9	0.2
Unknown	8	0.4	††
Total	2,128	100.0	2.7

* No incidents = 2,119; this is six more than number in Table 1 because of six of the "other combinations of death," at least one that was of undetermined cause is included. No. decedents = 2,127; no. suspects killed = 1.

† Percentages might not total 100% because of rounding.

‡ Per 100,000 population.

§ Deaths that result from the use of force or power against oneself or another person for which evidence indicating one manner of death is no more compelling than evidence indicating another.

** Alaska, Colorado, Georgia, Kentucky, Maryland, Massachusetts, North Carolina, New Jersey, New Mexico, Oklahoma, Oregon, Rhode Island, South Carolina, Utah, Virginia, and Wisconsin.

†† Rate not reported when number of decedents is <20.

TABLE 19. Number, percentage,* and rate† of undetermined deaths,‡ by victim's sex, age group, race/ethnicity, and marital status — National Violent Death Reporting System, 16 states,‡ 2005

Characteristic	Male			Female			Total**		
	No.	%	Rate	No.	%	Rate	No.	%	Rate
Age group(yrs)									
<1	101	7.5	18.3	64	8.2	12.1	165	7.8	15.3
1-4	17	1.3	††	4	0.5	††	21	1.0	0.5
5-9	2	0.1	††	1	0.1	††	3	0.1	††
10-14	4	0.3	††	5	0.6	††	9	0.4	††
15-19	26	1.9	0.9	19	2.4	††	45	2.1	0.8
20-24	106	7.9	3.7	32	4.1	1.2	138	6.5	2.5
25-29	114	8.5	4.2	42	5.4	1.6	156	7.3	2.9
30-34	107	7.9	3.9	58	7.5	2.2	165	7.8	3.1
35-44	348	25.8	5.9	217	28.0	3.7	565	26.6	4.8
45-54	358	26.5	6.5	229	29.5	4.0	587	27.6	5.2
55-64	112	8.3	2.9	64	8.2	1.5	176	8.3	2.2
65-74	24	1.8	1.1	11	1.4	††	35	1.6	0.7
75-84	12	0.9	††	14	1.8	††	26	1.2	0.8
≥85	11	0.8	††	10	1.3	††	21	1.0	1.7
Unknown	7	0.5	††	6	0.8	††	16**	0.8	††
Total	1,349	100.0	3.5	776	100.0	2.0	2,128	100.0	2.7
Race/Ethnicity									
White	1,029	76.3	3.4	604	77.8	1.9	1,633	76.7	2.6
Black	251	18.6	4.3	141	18.2	2.2	392	18.4	3.2
API§§	12	0.9	††	2	0.3	††	14	0.7	††
AI/AN¶¶	39	2.9	7.0	18	2.3	††	57	2.7	5.1
Other	18	1.3	††	11	1.4	††	32	1.5	0
Hispanic***	77	3.7	2.1	36	1.7	1.1	113	5.3	1.6
Total	1,349	100.0	3.5	776	100.0	2.0	2,128	100.0	2.7
Marital status†††									
Married	304	25.0	§§§	250	36.1	§§§	554	29.0	§§§
Never married	535	44.0	§§§	174	25.1	§§§	709	37.1	§§§
Widowed	37	3.0	§§§	47	6.8	§§§	84	4.4	§§§
Divorced	284	23.4	§§§	194	28.0	§§§	478	25.0	§§§
Married but separated	5	0.4	§§§	10	1.4	§§§	15	0.8	§§§
Single, not otherwise specified	18	1.5	§§§	7	1.0	§§§	25	1.3	§§§
Unknown	32	2.6	§§§	11	1.6	§§§	46**	2.4	§§§
Total	1,215	99.9	§§§	693	100.0	§§§	1,911	100.0	§§§

* Percentages might not total 100% because of rounding.

† Per 100,000 population.

‡ Deaths that result from the use of force or power against oneself or another person for which evidence indicating one manner of death is no more compelling than evidence indicating another.

§ Alaska, Colorado, Georgia, Kentucky, Maryland, Massachusetts, North Carolina, New Jersey, New Mexico, Oklahoma, Oregon, Rhode Island, South Carolina, Utah, Virginia, and Wisconsin.

** Includes three additional cases for which decedent's sex was unknown, as indicated.

†† Rate not reported when number of decedents is < 20.

§§ Asian/Pacific Islander.

¶¶ American Indian/Alaska Native.

*** Includes persons of all races.

††† Includes only those decedents aged >18 years.

§§§ Rates cannot be computed for marital status because denominators are unknown.

TABLE 20. Number and percentage* of undetermined deaths,† by decedent's sex, method used, and location in which injury occurred — National Violent Death Reporting System, 16 states,‡ 2005

Characteristic	Male		Female		Total¶	
	No.	%	No.	%	No.	%
Method						
Firearm	33	2.4	8	1.0	41	1.9
Sharp instrument	2	0.1	1	0.1	3	0.1
Blunt instrument	13	1.0	4	0.5	17	0.8
Poisoning	847	62.8	528	68.0	1,375	64.6
Hanging/Strangulation/Suffocation	22	1.6	10	1.3	32	1.5
Personal weapons (hands, fists, or feet)	4	0.3	1	0.1	5	0.2
Fall	24	1.8	10	1.3	34	1.6
Drowning	42	3.1	11	1.4	53	2.5
Fire/Burn	16	1.2	15	1.9	31	1.5
Motor vehicle	20	1.5	7	0.9	27	1.3
Intentional neglect	3	0.2	1	0.1	4	0.2
Other	41	3.0	21	2.7	62	2.9
Unknown	282	20.9	159	20.5	444¶	20.9
Total	1,349	100.0	776	100.0	2,128	100.0
Location						
House	923	68.4	619	79.8	1542	72.5
Street/Highway	107	7.9	36	4.6	143	6.7
Motor vehicle	14	1.0	6	0.8	20	0.9
Bar/Nightclub	2	0.1	1	0.1	3	0.1
Commercial/Retail area	6	0.4	1	0.1	7	0.3
Industrial or construction area	4	0.3	1	0.1	5	0.2
Office building	1	0.1	0	0	1	0
Parking lot/Public garage	8	0.6	3	0.4	11	0.5
Abandoned house, building, or warehouse	2	0.1	0	0	2	0.1
Park, playground, or sports/athletic area	10	0.7	1	0.1	11	0.5
Preschool/School/College/School bus	3	0.2	0	0	3	0.1
Public transportation/Station/Railroad tracks	2	0.1	0	0	2	0.1
Synagogue/Church/Temple	0	0	0	0	0	0
Hospital/Medical facility	9	0.7	9	1.2	18	0.8
Supervised residential facility	23	1.7	3	0.4	26	1.2
Farm	2	0.1	0	0	2	0.1
Jail/Prison/Detention facility	8	0.6	2	0.3	10	0.5
Natural area	58	4.3	16	2.1	76¶	3.6
Hotel/Motel	33	2.4	12	1.5	45	2.1
Other	52	3.9	17	2.2	69	3.2
Unknown	82	6.1	49	6.3	132¶	6.2
Total	1,349	100.0	776	100.0	2,128	100.0

* Percentages might not total 100% because of rounding.

† Deaths that result from the use of force or power against oneself or another person for which evidence indicating one manner of death is no more compelling than evidence indicating another.

‡ Alaska, Colorado, Georgia, Kentucky, Maryland, Massachusetts, North Carolina, New Jersey, New Mexico, Oklahoma, Oregon, Rhode Island, South Carolina, Utah, Virginia, and Wisconsin.

¶ Includes three additional cases for which the victim's sex was unknown, as indicated.

TABLE 21. Number* and percentage of victims of undetermined deaths† tested for alcohol and drugs whose results were positive — National Violent Death Reporting System, 16 states,‡ 2005

Toxicology variable	Tested		Positive	
	No.	%	No.	%
Blood alcohol concentration (BAC)§	1,816	85.3	453	24.9
BAC ≤0.08 mg/DL			202	44.6
BAC >0.08 mg/DL			246	54.3
Alcohol positive, level unknown			5	1.1
Amphetamine	1,612	75.8	105	6.5
Antidepressant	1,544	72.6	474	30.7
Cocaine	1,727	81.2	475	27.5
Marijuana	893	42.0	100	11.2
Opiate	1,777	83.5	1,103	62.1
Other drug	1,702	80.0	926	54.4

* N = 2,128.

† Deaths that result from the use of force or power against oneself or another person for which evidence indicating one manner of death is no more compelling than evidence indicating another.

‡ Alaska, Colorado, Georgia, Kentucky, Maryland, Massachusetts, North Carolina, New Jersey, New Mexico, Oklahoma, Oregon, Rhode Island, South Carolina, Utah, Virginia, and Wisconsin.

§ BAC of 0.08% used as standard for intoxication. Other substances indicated if any results were positive; levels for these substances are not measured.

TABLE 22. Number* and percentage† of deaths of undetermined cause,‡ by victim's sex and associated circumstances — National Violent Death Reporting System, 16 states,§ 2005

Characteristic	Male		Female		Total	
	No.	%	No.	%	No.	%
Mental health/Substance abuse						
Current depressed mood	150	15.1	114	18.6	264	16.5
Current mental health problem	317	32.0	315	51.4	632	39.4
Current mental health treatment	273	27.5	273	44.5	546	34.0
Alcohol problem	302	30.5	123	20.1	425	26.5
Other substance abuse problem	666	67.2	346	56.4	1,012	63.1
Relationship						
Intimate partner problem	108	10.9	62	10.1	170	10.6
Other relationship problem (nonintimate)	41	4.1	26	4.2	67	4.2
Death of family member or friend during previous 5 yrs	25	2.5	24	3.9	49	3.1
Suicide of family member or friend during previous 5 yrs	7	0.7	5	0.8	12	0.8
Perpetrator of interpersonal violence during previous mo.	13	1.3	1	0.2	14	0.9
Victim of interpersonal violence during previous mo.	9	0.9	13	2.1	22	1.4
Life stressor						
Crisis during previous 2 wks	134	13.5	87	14.2	221	13.8
Physical health problem	250	25.2	226	36.9	476	29.7
Job problem	40	4.0	18	2.9	58	3.6
Recent criminal legal problem	56	5.7	12	2.0	68	4.2
Financial problem	31	3.1	23	3.8	54	3.4
Noncriminal legal problem	12	1.2	8	1.3	20	1.3
School problem	2	0.2	1	0.2	3	0.2
Suicide event						
Left a suicide note	13	1.3	8	1.3	21	1.3
Disclosed intent to commit suicide	57	5.8	54	8.8	111	6.9
History of suicide attempt(s)	81	8.2	106	17.3	187	11.7

* N = 1,604 (991 males and 613 females).

† Percentages might exceed 100% because multiple diagnosis categories might have been coded.

‡ Deaths that result from the use of force or power against oneself or another person for which evidence indicating one manner of death is no more compelling than evidence indicating another.

§ Alaska, Colorado, Georgia, Kentucky, Maryland, Massachusetts, North Carolina, New Jersey, New Mexico, Oklahoma, Oregon, Rhode Island, South Carolina, Utah, Virginia, and Wisconsin.

TABLE 23. Number* and percentage† of victims of undetermined intent‡ who had received a diagnosis of a current mental health problem — National Violent Death Reporting System, 16 states,§ 2005.

Mental health problem	No.	%
Depression/Dysthymia	380	60.1
Bipolar disorder	110	17.4
Anxiety disorder	86	13.6
Schizophrenia	60	9.5
PTSD**	19	3.0
OCD††	2	0.3
ADD/HD§§	2	0.3
Eating disorder	3	0.5
Other	26	4.1
Unknown	79	12.5

* N = 632.

† Percentages might exceed 100% because multiple diagnosis categories might have been coded.

‡ Deaths that result from the use of force or power against oneself or another person for which evidence indicating one manner of death is no more compelling than evidence indicating another.

§ Alaska, Colorado, Georgia, Kentucky, Maryland, Massachusetts, North Carolina, New Jersey, New Mexico, Oklahoma, Oregon, Rhode Island, South Carolina, Utah, Virginia, and Wisconsin.

** Posttraumatic stress disorder.

†† Obsessive compulsive disorder.

§§ Attention deficit disorder/hyperactivity disorder.

TABLE 24. Number* and percentage† of deaths resulting from unintentional use of firearms, by victim's sex, age group, race/ethnicity, location of injury, and month in which death occurred — National Violent Death Reporting System, 16 states,§ 2005

Characteristic	No.	%
Sex		
Male	103	92.0
Female	9	8.0
Total	112	100.0
Race/Ethnicity		
White	89	79.5
Black	18	16.1
API¶	0	0
AI/AN**	5	4.5
Hispanic††	9	8.0
Total	112	100.0
Age group (yrs)		
<1	0	0
1–4	3	2.7
5–9	7	6.3
10–14	12	10.7
15–19	20	17.9
20–24	16	14.3
25–29	14	12.5
30–34	6	5.4
35–44	7	6.3
45–54	14	12.5
55–64	6	5.4
65–74	4	3.6
75–84	2	1.8
≥85	1	0.9
Total	112	100.0
Month		
January	13	11.6
February	8	7.1
March	4	3.6
April	7	6.3
May	5	4.5
June	11	9.8
July	7	6.3
August	12	10.7
September	10	8.9
October	9	8.0
November	17	15.2
December	9	8.0
Total	112	100.0
Location		
House	68	60.7
Street/Highway	6	5.4
Motor vehicle	6	5.4
Bar/Nightclub	2	1.8
Commercial/Retail area	3	2.7
Park, playground, or sports/athletic area	2	1.8
Farm	1	0.9
Natural area	12	10.7
Other	9	8.0
Unknown	3	2.7
Total	112	100.0

* No. incidents = 112; no. decedents = 112.

† Percentages might not total 100% because of rounding.

§ Alaska, Colorado, Georgia, Kentucky, Maryland, Massachusetts, North Carolina, New Jersey, New Mexico, Oklahoma, Oregon, Rhode Island, South Carolina, Utah, Virginia, and Wisconsin.

¶ Asian/Pacific Islander.

** American Indian/Alaska Native

†† Includes persons of any race.

TABLE 25. Number* and percentage† of deaths resulting from unintentional use of firearms, by associated circumstances — National Violent Death Reporting System, 16 states,‡ 2005.

Circumstance	No.	%
Context of injury		
Hunting	16	18.8
Target shooting	5	5.9
Celebratory firing	1	1.2
Loading or unloading gun	8	9.4
Cleaning gun	3	3.5
Showing gun to others	13	15.3
Playing with gun	27	31.8
Other	20	23.5
Mechanism of injury		
Thought safety was engaged	4	4.7
Thought unloaded, magazine disengaged	5	5.9
Thought gun was unloaded, other	7	8.2
Unintentionally pulled trigger	17	20.0
Gun defect or malfunction	4	4.7
Fired while holstering/unholstering	1	1.2
Dropped gun	9	10.6
Fired while operating safety/lock	1	1.2
Gun mistaken for toy	2	2.4
Other mechanism of injury	20	23.5

* N = 99.

† Percentages might exceed 100% because multiple circumstances might have been coded.

‡ Alaska, Colorado, Georgia, Kentucky, Maryland, Massachusetts, North Carolina, New Jersey, New Mexico, Oklahoma, Oregon, Rhode Island, South Carolina, Utah, Virginia, and Wisconsin.

TABLE 26. Number* and percentage† of incidents involving multiple violent deaths, by incident type and method used — National Violent Death Reporting System, 16 states,‡ 2005

Characteristic	No.	%
Incident type		
Multiple suicides	12	3.0
Multiple homicides	166	41.6
Homicide followed by suicide	199	49.9
Other combinations of deaths	14	3.5
Undetermined	7	1.8
Unknown/Missing	1	0.3
Total	399	100.0
Method		
Firearm	494	77.2
Sharp instrument	50	7.8
Blunt instrument	13	2.0
Poisoning	23	3.6
Hanging/Strangulation/Suffocation	14	2.2
Drowning	1	0.2
Fire/Burn	21	3.3
Motor vehicle	3	0.5
Other	1	0.2
Unknown	20	3.1
Total	640	100.0

* No. decedents includes 226 homicide suspects who subsequently killed themselves.

† Percentages might not total 100% because of rounding.

‡ Alaska, Colorado, Georgia, Kentucky, Maryland, Massachusetts, North Carolina, New Jersey, New Mexico, Oklahoma, Oregon, Rhode Island, South Carolina, Utah, Virginia, and Wisconsin.

TABLE 27. Number, percentage,* and rate† of violent death incidents involving multiple victims, by victim's sex, age group, and race/ethnicity — National Violent Death Reporting System (NVDRS), 16 states,‡ 2005

Characteristic	Victims			Suspects¶	
	No.	%	Rate	No.	%
Sex					
Male	329	51.4	0.9	388	88.6
Female	311	48.6	0.8	29	6.6
Unknown	0	0	0	21	4.8
Total	640	100.0	0.8	438	100.0
Race/Ethnicity					
White	436	68.1	0.7	219	50.0
Black	180	28.1	1.5	140	32.0
API**	6	0.9	††	4	0.9
AI/AN§§	13	2.0	††	5	1.1
Other	5	0.8	††	66	15.1
Unknown	0	0	††	4	0.9
Hispanic¶¶	86	13.4	1.2	46	10.5
Total	640	100.0	0.8	438	100.0
Age group (yrs)					
<1	6	0.9	††	0	0
1-4	11	1.7	††	0	0
5-9	13	2.0	††	0	0
10-14	15	2.3	††	2	0.5
15-19	40	6.3	0.7	31	7.1
20-24	74	11.6	1.3	56	12.8
25-29	83	13.0	1.5	48	11.0
30-34	64	10.0	1.2	49	11.2
35-44	126	19.7	1.1	71	16.2
45-54	86	13.4	0.8	58	13.2
55-64	61	9.5	0.8	22	5.0
65-74	29	4.5	0.6	17	3.9
75-84	27	4.2	0.8	14	3.2
≥85	4	0.6	††	3	0.7
Unknown	1	0.2	††	67	15.3
Total	640	100.0	0.8	438	100.0

* Percentages might not total 100% because of rounding.

† Per 100,000 population.

§ Alaska, Colorado, Georgia, Kentucky, Maryland, Massachusetts, North Carolina, New Jersey, New Mexico, Oklahoma, Oregon, Rhode Island, South Carolina, Utah, Virginia, and Wisconsin.

¶ No. suspects includes 226 homicide suspects who subsequently committed suicide. Rates cannot be computed for suspects because how many suspects actually were involved in an incident is unknown, and NVDRS might not include all suspects.

** Asian/Pacific Islander

†† Rates not reported when number of decedents is <20.

§§ American Indian/Alaska Native.

¶¶ Includes persons of any race.

TABLE 28. Number,* percentage,† and rate‡ of deaths involving a homicide followed by a suicide, by victim's sex, age group, race/ethnicity, and marital status — National Violent Death Reporting System, 16 states,¶ 2005

Characteristic	Homicide			Suicide		
	No.	%	Rate	No.	%	Rate
Sex						
Male	57	25.3	0.1	180	90.0	0.5
Female	168	74.7	0.4	20	10.0	0.1
Total	225	100.0	0.3	200	100.0	0.3
Race/Ethnicity						
White	183	81.3	0.3	155	77.5	0.3
Black	35	15.6	0.3	36	18.0	0.3
API**	3	1.3	††	4	2.0	††
AI/AN§§	3	1.3	††	3	1.5	††
Other	1	0.4	††	2	1.0	††
Hispanic¶¶	23	10.2	0.3	24	12.0	0.3
Total	225	100.0	0.3	200	100.0	0.3
Age group (yrs)						
<1	2	0.9	††	0	0	0
1-4	7	3.1	††	0	0	0
5-9	2	0.9	††	0	0	0
1-14	7	3.1	††	1	0.5	††
15-19	10	4.4	††	3	1.5	††
20-24	15	6.7	††	12	6.0	††
25-29	16	7.1	††	12	6.0	††
30-34	25	11.1	0.5	30	15.0	0.6
35-44	57	25.3	0.5	48	24.0	0.4
45-54	24	10.7	0.2	42	21.0	0.4
55-64	24	10.7	0.3	19	9.5	††
65-74	13	5.8	††	15	7.5	††
75-84	19	8.4	††	15	7.5	††
>85	3	1.3	††	3	1.5	††
Unknown	1	0.4	††	0	0	0
Total	225	100.0	0.3	200	100.0	0.3
Marital status***						
Never married	44	21.8	†††	36	18.2	†††
Married	82	40.6	†††	72	36.4	†††
Married but separated	4	2.0	†††	3	1.5	†††
Divorced	40	19.8	†††	36	18.2	†††
Widowed	29	14.4	†††	48	24.2	†††
Unknown	2	1.0	†††	3	1.5	†††
Total	201	100.0	†††	198	100.0	†††

* No. incidents = 200; includes one incident not reported in Table 1 because one "other combination of death included at least one homicide followed by a suicide and other deaths.

† Percentages might not total 100% because of rounding.

‡ Per 100,000 population.

¶ Alaska, Colorado, Georgia, Kentucky, Maryland, Massachusetts, North Carolina, New Jersey, New Mexico, Oklahoma, Oregon, Rhode Island, South Carolina, Utah, Virginia, and Wisconsin.

** Asian/Pacific Islander

†† Rates not reported when number of decedents is <20.

§§ American Indian/Alaska Native.

¶¶ Includes persons of any race.

*** Includes only decedents aged >18 years.

††† Rates for marital status cannot be computed because denominators are unknown.

TABLE 29. Number and percentage of homicides followed by suicide, by victim's toxicology results, location in which injury occurred, and method used — National Violent Death Reporting System, 16 states,* 2005

Variable	Decedent			
	Homicide		Suicide	
	No.	%	No.	%
Toxicology result				
BAC† ≤0.08 mg/DL	12	63.2	22	50.0
BAC >0.08 mg/DL	7	36.8	21	47.7
Amphetamine	1	1.1	4	5.2
Antidepressant	4	5.3	9	13.6
Cocaine	8	6.7	6	6.1
Marijuana	4	5.2	4	6.2
Opiate	9	8.1	9	10.0
Other drug	16	19.8	31	39.7
Location				
House	169	75.1	146	73.0
Street/Highway	13	5.8	10	5.0
Motor vehicle	6	2.7	8	4.0
Commercial/Retail Area	3	1.3	4	2.0
Industrial or construction area	2	0.9	1	0.5
Office building	2	0.9	2	1.0
Parking lot/Public garage	4	1.8	4	2.0
Park, playground, or sports/athletic area	3	1.3	3	1.5
Hospital/Medical facility	1	0.4	1	0.5
Supervised residential facility	3	1.3	1	0.5
Natural area	4	1.8	6	3.0
Hotel/Motel	2	0.9	3	1.5
Other	13	5.8	8	4.0
Unknown	0	0	3	1.5
Total	225	100.0	200	100.0
Method				
Firearm	195	86.7	175	87.5
Sharp instrument	6	2.7	3	1.5
Blunt instrument	4	1.8	0	0
Poisoning	3	1.3	8	4.0
Hanging/Strangulation/Suffocation	9	4.0	3	1.5
Fall	0	0	1	0.5
Drowning	0	0	1	0.5
Fire/Burn	1	0.4	2	1.0
Motor vehicle	0	0	1	0.5
Unknown	7	3.1	6	3.0
Total	225	100.0	200	100.0

* Alaska, Colorado, Georgia, Kentucky, Maryland, Massachusetts, North Carolina, New Jersey, New Mexico, Oklahoma, Oregon, Rhode Island, South Carolina, Utah, Virginia, and Wisconsin.

† Blood alcohol concentration, using BAC 0.08% as standard for intoxication; other substances are coded for any positive result regardless of level.

TABLE 30. Number* and percentage† of homicide suspects who killed themselves after committing a homicide, by suicide circumstances — National Violent Death Reporting System, 16 states,‡ 2005

Circumstance	No.	%
Mental health/Substance abuse		
Current mental health problem	29	15.2
Current depressed mood	32	16.8
Current mental health treatment	19	10.0
Alcohol abuse problem	8	4.2
Other substance abuse problem	12	6.3
Relationship		
Intimate partner problem	150	78.5
Other relationship problem (nonintimate)	19	10.0
Suicide of family member or friend during previous 5 yrs	0	0
Other death family member or friend during previous 5 yrs	37	19.4
Perpetrator of interpersonal violence during previous mo.	159	83.3
Victim of interpersonal violence during previous mo.	4	2.1
Life stressor		
Crisis during previous 2 wks	166	86.9
Recent criminal legal problem	38	19.9
Other legal problem	12	6.3
Physical health problem	19	10.0
Financial problem	16	8.4
Job problem	11	5.8
School problem	0	0
Suicide event		
Left suicide note	40	20.9
Disclosed intent to commit suicide	32	16.8
History of suicide attempt(s)	9	4.7

* N = 191.

† Percentages might exceed 100% because multiple circumstances might have been coded.

‡ Alaska, Colorado, Georgia, Kentucky, Maryland, Massachusetts, North Carolina, New Jersey, New Mexico, Oklahoma, Oregon, Rhode Island, South Carolina, Utah, Virginia, and Wisconsin.

TABLE 31. Number, percentage,* and rate† of deaths related to violence by intimate partners, by victim's sex, age group, race/ethnicity, marital status, and toxicology results — National Violent Death Reporting System (NVDRS), 16 states,‡ 2005

Variable	Victim			Suspect¶	
	No	%	Rate	No	%
Sex					
Male	208	35.0	0.5	476	78.4
Female	386	65.0	1.0	120	19.8
Unknown	0	0	0	11	1.8
Total	594	100.0	0.8	607	100.0
Race/Ethnicity					
White	371	62.5	0.6	290	47.8
Black	191	32.2	1.5	187	30.8
API**	9	1.5	††	7	1.2
AI/AN§§	22	3.7	2.0	9	1.5
Other	1	0.2	††	111	18.3
Unknown	0	0	0	3	0.5
Hispanic¶¶	55	9.3	0.8	53	8.7
Total	594	100.0	0.8	607	100.0
Age group (yrs)					
<1	3	0.5	††	0	0
1–4	2	0.3	††	0	0
5–9	5	0.8	††	0	0
10–14	4	0.7	††	2	0.3
15–19	23	3.9	0.4	23	3.8
20–24	73	12.3	1.3	48	7.9
25–29	63	10.6	1.2	56	9.2
30–34	77	13.0	1.4	55	9.1
35–44	168	28.3	1.4	136	22.4
45–54	92	15.5	0.8	98	16.1
55–64	48	8.1	0.6	32	5.3
65–74	19	3.2	††	16	2.6
75–84	15	2.5	††	14	2.3
≥85	2	0.3	††	3	0.5
Unknown	0	0	0	124	20.4
Total	594	100.0	0.8	607	100.0
Marital status***					
Married	245	43.0	†††	NA§§§	NA
Never married	162	28.4	†††	NA	NA
Widowed	33	5.8	†††	NA	NA
Divorced	105	18.4	†††	NA	NA
Married but separated	12	2.1	†††	NA	NA
Single, not otherwise specified	7	1.2	†††	NA	NA
Unknown	6	1.1	†††	NA	NA
Total	570	100.0	†††	NA	NA
Toxicology variable					
BAC¶¶¶ ≤0.08 mg/DL	60	37.7	NA	NA	NA
BAC >0.08 mg/DL	97	61.0	NA	NA	NA
Amphetamine	14	5.5	NA	NA	NA
Antidepressant	17	8.5	NA	NA	NA
Cocaine	50	14.7	NA	NA	NA
Marijuana	20	9.7	NA	NA	NA
Opiates	12	3.8	NA	NA	NA
Other drug	43	20.2	NA	NA	NA

* Percentages might not total 100% because of rounding.

† Per 100,000 population

§ Alaska, Colorado, Georgia, Kentucky, Maryland, Massachusetts, North Carolina, New Jersey, New Mexico, Oklahoma, Oregon, Rhode Island, South Carolina, Utah, Virginia, and Wisconsin.

¶ Rates cannot be calculated for suspects because how many suspects actually were involved in an incident is unknown, and NVDRS might not include all suspects.

** Asian/Pacific Islander.

†† Rate not reported when number of decedents is <20.

§§ American Indian/Alaska Native.

¶¶ Includes persons of any race.

*** Includes only those decedents aged >18 years.

††† Rates for marital status cannot be computed because denominators are unknown.

§§§ Data not available.

¶¶¶ Blood alcohol concentration, using 0.08% as standard for intoxication; other substances are coded for any positive result regardless of level.

TABLE 32. Number and percentage* of suicides among former or current military personnel, by sex, age group, race/ethnicity, marital status, method used, and toxicology results — National Violent Death Reporting System, 16 states,† 2005

Variable	No.	%
Sex		
Male	1,765	96.9
Female	56	3.1
Total	1,821	100.0
Race/Ethnicity		
White	1,695	93.1
Black	110	6.0
API§	1	0.1
AI/AN¶	15	0.8
Hispanic**	34	1.9
Total	1,821	100.0
Age group (yrs)		
<19	5	0.3
20–24	51	2.8
25–29	54	3.0
30–34	76	4.2
35–44	220	12.1
45–54	327	18.0
55–64	351	19.3
65–74	288	15.8
75–84	356	19.5
>85	93	5.1
Total	1,821	100.0
Marital status††		
Married	860	47.2
Never married	255	14.0
Widowed	236	13.0
Divorced	455	25.0
Married but separated	8	0.4
Single, not otherwise specified	4	0.2
Unknown	3	0.2
Total	1,821	100.0
Method		
Firearm	1,237	67.9
Sharp instrument	40	2.2
Poisoning	232	12.7
Hanging/Strangulation/Suffocation	210	11.5
Fall	14	0.8
Drowning	13	0.7
Fire/Burn	5	0.3
Motor vehicle	6	0.3
Other	5	0.3
Unknown	59	3.2
Total	1,821	100.0
Toxicology result		
BAC§§ ≤0.08 mg/DL	126	34.9
BAC >0.08 mg/DL	229	63.4
Amphetamine	14	2.3
Antidepressant	128	21.4
Cocaine	47	6.5
Marijuana	17	3.3
Opiate	104	14.9
Other drug	269	42.3

* Percentages might not total 100% because of rounding.

† Alaska, Colorado, Georgia, Kentucky, Maryland, Massachusetts, North Carolina, New Jersey, New Mexico, Oklahoma, Oregon, Rhode Island, South Carolina, Utah, Virginia, and Wisconsin.

‡ Asian/Pacific Islander.

§ American Indian/Alaska Native.

¶ Includes persons of any race.

** Includes only those decedents aged >18 years.

§§ Blood alcohol concentration, using 0.08% as the standard for intoxication. Other substances are coded for any positive result regardless of level.

TABLE 33. Number* and percentage† of suicides among former or current military personnel, by associated circumstances — National Violent Death Reporting System, 16 states,‡ 2005

Circumstance	No.	%
Mental health/Substance abuse		
Current depressed mood	765	47.2
Current mental health problem	564	34.8
Current mental health treatment	433	26.7
Alcohol abuse problem	279	17.2
Other substance abuse problem	125	7.7
Relationship		
Intimate partner problem	397	24.5
Other relationship problem (nonintimate)	117	7.2
Death of family member or friend during previous 5 yrs	135	8.3
Suicide of family member or friend during previous 5 yrs	22	1.4
Perpetrator of interpersonal violence during previous mo	86	5.3
Victim of interpersonal violence during previous mo	8	0.5
Life stressor		
Crisis during previous 2 wks	454	28.0
Physical health problem	622	38.4
Job problem	163	10.1
Recent criminal legal problem	138	8.5
Financial problem	191	11.8
Noncriminal legal problem	58	3.6
School problem	2	0.1
Suicide event		
Left a suicide note	550	33.9
Disclosed intent to commit suicide	471	29.0
History of suicide attempt(s)	215	13.3

* N = 1,622.

† Percentages might exceed 100% because multiple circumstances might have been coded.

‡ Alaska, Colorado, Georgia, Kentucky, Maryland, Massachusetts, North Carolina, New Jersey, New Mexico, Oklahoma, Oregon, Rhode Island, South Carolina, Utah, Virginia, and Wisconsin.

TABLE 34. Number* and percentage† of deaths occurring during legal intervention, by victim's race/ethnicity, marital status, toxicology results and location of death — National Violent Death Reporting System, 16 states,‡ 2005

Characteristics	No.	%
Race/Ethnicity		
White	106	62.0
Black	57	33.3
API¶	3	1.8
AI/AN**	3	1.8
Other	1	0.6
Unknown	1	0.6
Hispanic††	18	10.5
Total	171	100.0
Marital status§§		
Married	47	28.7
Never married	64	39.0
Widowed	4	2.4
Divorced	37	22.6
Single, not otherwise specified	10	6.1
Unknown	2	1.2
Total	164	100.0
Toxicology result		
BAC¶¶ ≤0.08 mg/DL	18	31.6
BAC >0.08 mg/DL	36	63.2
Amphetamine	17	15.5
Antidepressant	8	10.7
Cocaine	18	14.4
Marijuana	19	21.8
Opiates	7	5.8
Other drug	21	20.2
Location		
House	64	37.4
Street/Highway	47	27.5
Motor vehicle	12	7.0
Commercial/Retail Area	4	2.4
Industrial or construction area	1	0.6
Office building	1	0.6
Parking lot/Public garage	7	4.1
Park, playground, or sports/athletic area	10	5.8
Preschool/School/College/School bus	1	0.6
Synagogue/Church/Temple	1	0.6
Hospital or medical facility	1	0.6
Supervised residential facility	1	0.6
Farm	2	1.2
Jail/Prison/Detention facility	5	2.9
Natural area	2	1.2
Hotel/Motel	2	1.2
Other	7	4.1
Unknown	3	1.8
Total	171	100.0

* No. incidents = 171; no. victim decedents = 163; and no. suspect decedents = 8. Number of incidents is eight more than number provided in Table 1. Of eight "other combinations of death," at least one legal intervention death is included.

† Percentages might not total 100% because of rounding.

‡ Alaska, Colorado, Georgia, Kentucky, Maryland, Massachusetts, North Carolina, New Jersey, New Mexico, Oklahoma, Oregon, Rhode Island, South Carolina, Utah, Virginia, and Wisconsin.

¶ Asian/Pacific Islander.

** American Indian/Alaska Native.

†† Includes persons of any race.

§§ Includes only victims aged >18 years.

¶¶ Blood alcohol concentration, using 0.08% as the standard for intoxication. Other substances are coded for any positive result regardless of level.

TABLE 35. Number and percentage* of deaths caused by legal intervention, by sex and age group — National Violent Death Reporting System, 16 states,† 2005

Characteristic	Male		Female		Total	
	No.	%	No.	%	No.	%
Age group (yrs)						
<1	0	0	0	0	0	0
1-4	0	0	0	0	0	0
5-9	0	0	0	0	0	0
10-14	1	0.6	0	0	1	0.6
15-19	14	8.6	0	0	14	8.2
20-24	23	14.1	1	12.5	24	14.0
25-29	19	11.7	0	0	19	11.1
30-34	29	17.8	0	0	29	17.0
35-44	39	23.9	4	50.0	43	25.1
45-54	22	13.5	1	12.5	23	13.5
55-64	11	6.7	1	12.5	12	7.0
65-74	5	3.1	1	12.5	6	3.5
75-84	0	0	0	0	0	0
≥85	0	0	0	0	0	0
Total	163	100.0	8	100.0	171	100.0

* Percentages might not total 100% because of rounding.

† Includes Alaska, Colorado, Georgia, Kentucky, Maryland, Massachusetts, North Carolina, New Jersey, New Mexico, Oklahoma, Oregon, Rhode Island, South Carolina, Utah, Virginia, and Wisconsin.

TABLE 36. Number, percentage,* and rate† of deaths among infants and children aged 0–14 years, by incident type, sex, age group, and race/ethnicity — National Violent Death Reporting System, 16 states,‡ 2005

Characteristic	No.	%	Rate
Incident type			
Suicide, single	79	14.5	†
Homicide, single	232	42.5	†
Unintentional firearm	22	4.0	†
Multiple homicides	9	1.6	†
Legal intervention	1	0.2	†
Undetermined	198	36.3	†
Unknown/Missing	5	0.9	†
Total	546	100.0	3.5
Sex			
Male	347	62.3	4.3
Female	210	37.7	2.7
Total	557	100.0	3.5
Race/Ethnicity			
White	335	60.1	2.8
Black	181	32.5	5.9
API**	7	1.3	††
AI/AN§§	28	5.0	9.9
Other	6	1.1	††
Hispanic¶¶	71	12.7	3.5
Total	557	100.0	3.5
Age group			
<1	261	46.9	24.2
1–4	115	20.6	2.7
5–9	36	6.5	0.7
10–14	145	26.0	2.7
Total	557	100.0	3.5

* Percentages might not total 100% because of rounding.

† Per 100,000 population.

‡ Alaska, Colorado, Georgia, Kentucky, Maryland, Massachusetts, North Carolina, New Jersey, New Mexico, Oklahoma, Oregon, Rhode Island, South Carolina, Utah, Virginia, and Wisconsin.

† Because the number of victims varies in incidents involving multiple victims, population denominators cannot be determined to compute rates.

** Asian/Pacific Islander.

†† Rate not reported when number of decedents is <20.

§§ American Indian/Alaska native.

¶¶ Includes persons of any race.

TABLE 37. Number and percentage* of deaths among infants and children aged 0–14 years, by method used and relationship of victim and suspect — National Violent Death Reporting System, 16 states,† 2005

Characteristic	No.	%
Method		
Firearm	100	18.0
Sharp instrument	14	2.5
Blunt instrument	24	4.3
Poisoning	14	2.5
Hanging/Strangulation/Suffocation	87	15.6
Personal weapons (hands, fists, or feet)	45	8.1
Fall	1	0.2
Drowning	9	1.6
Fire/Burn	12	2.2
Motor vehicle	3	0.5
Intentional neglect	10	1.8
Other	82	14.7
Unknown	156	28.0
Total	557	100.0
Relationship		
Intimate partner	1	0.2
Parent	5	0.9
Child	105	18.9
Other relative	29	5.2
Acquaintance/Friend	51	9.2
Stranger	10	1.8
Other specified relationship	7	1.3
Multiple relationship mentioned	11	2.0
Unknown	338	60.7
Total	557	100.0

* Percentages might not total 100% because of rounding.

† Alaska, Colorado, Georgia, Kentucky, Maryland, Massachusetts, North Carolina, New Jersey, New Mexico, Oklahoma, Oregon, Rhode Island, South Carolina, Utah, Virginia, and Wisconsin.

TABLE 38. Number, percentage,* and rate† of deaths among infants and children aged 0–14 years, by age group, race/ethnicity, and sex — National Violent Death Reporting System, 16 states,‡ 2005

Characteristic	Male			Female			Total		
	No.	%	Rate	No.	%	Rate	No.	%	Rate
Age group (yrs)									
<1	146	42.1	26.4	115	54.8	21.8	261	46.9	24.2
1–4	79	22.8	3.6	36	17.1	1.7	115	20.6	2.7
5–9	22	6.3	0.8	14	6.7	¶	36	6.5	0.7
10–14	100	28.8	3.6	45	21.4	1.7	145	26.0	2.7
Total	347	100.0	4.3	210	100.0	2.7	557	100.0	3.5
Race/Ethnicity									
White	212	61.1	3.5	123	58.6	2.1	335	60.1	2.6
Black	109	31.4	7.0	72	34.3	4.8	181	32.5	5.9
API**	5	1.4	¶	2	1.0	¶	7	1.3	¶
AI/AN††	20	5.8	13.9	8	3.8	¶	28	5.0	9.9
Other	1	0.3	¶	5	2.4	¶	6	1.1	¶
Hispanic§§	45	8.3	4.4	26	4.8	2.7	71	12.7	3.5
Total	347	100.0	4.3	210	100.0	2.7	557	100.0	3.5

* Percentages might not total 100% because of rounding.

† Per 100,000 population.

‡ Alaska, Colorado, Georgia, Kentucky, Maryland, Massachusetts, North Carolina, New Jersey, New Mexico, Oklahoma, Oregon, Rhode Island, South Carolina, Utah, Virginia, and Wisconsin.

¶ Rate not reported when number of decedents is <20.

** Asian/Pacific Islander.

†† American Indian/Alaska Native.

§§ Includes persons of any race.

Appendix

Abbreviations Used in This Report

AI/AN	American Indian/Alaska Native
API	Asian/Pacific Islander
ATF	Bureau of Alcohol, Tobacco, and Firearms
CFR	Child Fatality Review
CME	Coroner/Medical Examiner Report
FARS	Fatality Analysis Reporting System
ICD-10	International Classification of Diseases, Tenth Revision
NCIPC	National Center for Injury Prevention and Control
NVISS	National Violent Injury Statistics System
NVDRS	National Violent Death Reporting System
SHR	Supplementary Homicide Report
WHO	World Health Organization

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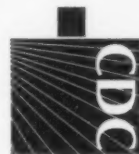
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